



ActNowBC

ACTIVE AGING

www.activecommunities.bc.ca CONSULTATION REPORT



EXECUTIVE SUMMARY

“Successful aging is more than simply a matter of health or disability. Rather, it goes further to recognize outcomes for people. Successful aging comprises what people actually do and their satisfaction with life.”¹ The concept of successful aging comes from the literature on gerontology and can be used in various ways to describe the well-being of older persons. Successful aging is “the ability to maintain three key behaviours or characteristics: low risk of disease and disease-related disability; high mental and physical function; and active engagement with life.”²

British Columbia (BC) has one of the most rapidly aging populations in Canada. By 2031, 24% of British Columbia’s population will be over the age of 65. Several initiatives are underway to promote active aging and encourage healthy lifestyle choices.

In October 2005, the Ministry of Health released the discussion paper *Healthy Aging through Healthy Living*. The paper provides evidence to support five key priority issues and sets the context for stakeholders to address healthy aging for seniors in BC. The five key priority issues are:

1. Healthy Eating
2. Injury Prevention
3. Physical Activity
4. Tobacco Cessation
5. Social Connectedness

Also in 2005, the Premier’s Council on Aging and Seniors’ Issues was convened with a mandate to examine two issues:

- how to support seniors to continue as contributing members of society, and
- how to support seniors’ independence and health.

In March 2006, the Ministry of Health hosted an Expert Forum on Healthy Aging through Healthy Living. The forum provided an opportunity for key stakeholders to dialogue with the Ministry on recommended actions, strategic directions and effective interventions.

In April 2006, the World Health Organization held their first project meeting of the World Health Organization (WHO) Global Age-Friendly City Index project. The aim of the project is to engage cities in several countries to make their communities more age-friendly. The anticipated launch is October 2007.

To contribute to and inform these processes, the BC Recreation and Parks Association (BCRPA) conducted a comprehensive, province-wide consultation to engage key stakeholders at the community level to collect input related to existing seniors’ strategies including tools and promising practices; identify services and supports that assist seniors in staying active; and identify barriers and gaps in community supports. The results of the consultation will serve to inform the development of a comprehensive province-wide Active Aging Strategy.

Focus groups were the primary mechanism for consultation and data gathering. Twenty six (26) focus groups were completed and data gathered from 232 professionals and non-professionals in all parts of the province (see Appendix A). The focus groups yielded a wealth of information about the current scope of active aging programs and planning in BC.

¹ Kochera, A. Straight, A. Guterbock, T. 2005. *Beyond 50.05: A Report to the Nation on Livable Communities*. AARP.

² Ibid.

EXECUTIVE SUMMARY**Healthy Eating**

'Eat well to age well' is the nutrition motto of the National Advisory Council on Aging.³ The reality, however, is that the proportion of seniors who are overweight and obese is on the increase.⁴ The most recent data on obesity in BC show that almost 69% of seniors age 65 to 74 years are either overweight or obese (2004 data).

"If people are alone they don't eat well, don't take care of themselves as well and their health deteriorates."

"If you don't have nutritious food you're not going to be active and healthy."

In spite of these comments, Healthy Eating did not emerge as a priority topic in the focus groups. Only 15% of focus groups discussed issues related to Healthy Eating, and half them were from the Interior. Respondents providing comments were mostly from Seniors Organizations and Healthcare.

An example of success that was mentioned in the focus groups is the *Community Food Action Initiative* which looks at nutrition and healthy food supply across the Interior Health Region. The reality in other locations, however, is often quite different. Several groups reported that more local (municipal) leadership is needed around food security in communities.

"As a community, we need to look at the systemic barriers and the determinants of health."

"Many seniors are not getting their basic needs met (e.g. food, sense of security, adequate income) and that prevents them from being active or involved in the community."

The Seniors Organizations in one group reported that they *"would love to offer more meal-based social time, but a lack of a commercial kitchen facility, staff and funding prevents this. A meal program is a tremendous help to seniors and would bring many more people through our doors."*

Injury Prevention

31% of focus groups addressed the topic of Injury Prevention. These focus groups were primarily attended by the Healthcare, Recreation and Municipal sectors. Very few of the focus groups representing Seniors Organizations and other sectors (e.g. Social Services, Private Citizens, etc.) discussed this topic, except in the context of 'fear of injury and safety', and not from a prevention perspective.

The work being carried provincially with the Falls Prevention Initiative is widely recognized by the focus groups that discussed injury prevention, and many jurisdictions across the province are implementing falls prevention programming. The falls prevention programs include publications on strength and balance exercise, outreach, and educating seniors in the community, residential care facilities, and acute care units. There is a *"need to offer targeted programs to inactive seniors who are between ages 65 -75 to get them active before they start getting injuries. Not a lot of seniors in that age group participate in programs unless they have established social connections by then."*

³Government of Canada, National Advisory Council on Aging, 2004. *Eat Well to Age Well*. Expression, (17)3.

⁴BC Government, 2005. *Healthy Aging Through Healthy Living*. www.healthservices.gov.bc.ca/cpa/publications/index.html

Physical Activity

"I'd like to see all the people over 65 doing something more physical – to go out walking..." was a comment made by a senior in a focus group. Almost 40% of focus groups discussed issues related to Physical Activity. There was representation from across the province in the physical activity comments, and most sectors were represented in the feedback (i.e. Seniors Organizations, Private Citizens, Education, Healthcare, Recreation, Sport, First Nations, and Municipal – in that order).

Walking was seen by respondents as the best physical activity for active aging. Many expressed the importance of an indoor track, particularly in the North and Interior.

"The program should include a trainer to get people started."

"People in the fitness area need to help, encouraging indoor walking."

Indeed, the literature supports that indoor walking venues (e.g. tracks, malls) are important in cold climates to increase walking and maintain fitness – for all ages, not only seniors. Other jurisdictions in the province had similar feedback.

"The indoor walking programs work well because they are safe options."

"We need to recognize that 'active' is not restricted to just physical activity."

"Often physical activity is seen as something separate rather than part of our daily lives. So it's not something you have to make time for, it's just part of life."

"The key is the kind of programs and mix of activities that will bring someone new into a recreation facility."

Tobacco Cessation

Tobacco Cessation and seniors does not stand out as an active aging priority issue from the focus groups. Very few of the focus groups had any comments at all about tobacco cessation or smoking, except in the context of chronic disease. Only one of them had a comment about the issues and a possible strategy around tobacco cessation: *"Take lessons from tobacco lobbies and strategies to effect change across the other priorities."* This comment was made in the Interior by a focus group composed primarily of Municipal representatives and Seniors Organizations.



Social Connectedness

Social Connectedness is an important topic for seniors and others in the focus groups. 50% of focus groups discussed issues related to Social Connectedness. There was equal representation from across the province in the comments. The sectors represented in the feedback were mostly from Healthcare, Seniors Organizations, Recreation, and Municipalities, but Education and Social Services were also represented.

“Social connectedness is vitally important.”

“Seniors tend to stay active when they feel socially connected. [We need to] find creative ways to reach out to isolated seniors keeping in mind that social connectivity is critical to help seniors stay active in the community.”

“Loneliness is a huge factor.”

“Seniors can get very isolated. Once they get used to that they don’t even know it’s happening.”

“A lot of re-education [may be needed] around how seniors understand the idea of ‘activity’. It’s about getting out and socializing. The social contact is probably the most important factor.”

“You don’t have to be athletic. It’s about belonging to a group.” Seniors made it clear that activities should not necessarily be competitive, although there is room for competition in sports.

These comments are offered as solutions from two groups composed of Private Citizens and Seniors Organizations: *“Group activities work well for many reasons. Seniors are encouraged by their peers not to miss classes as they see the value of getting out of their homes, having fun with each other, and socializing with one another. When people miss classes with no explanation it raises concerns among their friends. In this way, they also take care of each other.”*

“Hold golden socials and offer entertainment.”

“The fall fair brings in so many people. It’s a variety of things – 4H and handicrafts.”

“Emphasize peer teaching and learning where group leaders are mostly seniors. Encourage presentations by group members and very active discussion.”

“Immunization clinics have grown into social events. Use those events to distribute health promotion materials.”



Livable Communities

This is a very important topic for seniors and others in the focus groups. 85% of focus groups discussed issues related to Livable Communities. There was equal representation from across the province in the comments.

“Seniors like to go to a place where they can have all their needs met.”

“Seniors want a place to call their own, but in an integrated setting. With limited space, the current policy is to move towards integrated settings.”

“Community planning departments should ask health and social planning input before they approve community projects. Seniors should also be involved in the planning process.”

“Society needs to shift its attitude from ‘taking care of seniors’ to ‘enabling seniors to take care of themselves’. Recreation programs will need to adapt to meet the needs of the current generation of seniors with more focus on learning and stimulation.”

“Lack of available space is an issue – everything is booked solid.” This makes multi-purpose facilities and seniors centres even more viable.

“Build community-based centres on the lower floors of high rises or as part of multi-dimensional centres.” Have facilities close to where seniors live. Neighbourhood access is key. Link seniors housing and senior recreation centres together.

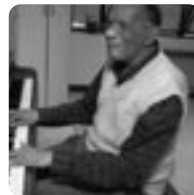
Utilize *“local churches, libraries and schools.”*

“Change the names of the facilities so that they are more inclusive (e.g. removing the words senior, house and activity from the title).”

“Make sure not all the seniors centres are privately owned and run, as they are often competing among themselves for programs and customers.”

“Use the results of the WHO city friendly project to inform local communities what they need to do to make their communities more age friendly.”

Build communities that allow people to be active (e.g. walk to grocery stores).



EXECUTIVE SUMMARY**Livable Communities and Transportation**

Transportation emerged as a theme in 62% of the focus groups. Although many seniors still have a license, there will be a time when they are unable to drive themselves and must change their lifestyle accordingly. As the baby boomers age, communities will have to come to terms with land use patterns that assume that seniors can drive themselves anywhere at any time just as younger people do.

Solutions Arising from this Focus Group

- Greater Municipal funding to increase accessibility of neighbourhoods which currently exist.
- Safe cycling opportunities for younger seniors. Barrier free design for all public places.
- Housing which is accessible for seniors.
- Social marketing – building the belief in people that they can still be active.
- Taxi driver training.
- Integration of all the transportation opportunities in the community, including community vans, volunteer drivers, etc.
- Stronger value on the environmental values of transportation and the real cost of car operation.
- Better coordination of land use and transportation planning – especially around village and regional growth centres.

Observations Arising From The Analysis

From an analysis perspective, some observations about the feedback are worthy of note. The first one is that some communities are very far along with programming, planning and services to support Active Aging, while others have barely started. Where there is little collaborative planning, few partnerships, and/or no leadership there is little activity. Without pointing fingers, in at least one focus group where this was the case the tone of the feedback lacked enthusiasm and hope for change and often reflected conflicts between groups in the community.

Resource development is often done in isolation of other more comprehensive approaches that include many partners working together towards a common goal. Comments to this effect came up throughout the consultation and across the province, with a commitment to improvement in many cases.

There was not much feedback about Healthy Eating, except in relation to diabetes, heart disease, or Meals on Wheels. There was some feedback about Injury Prevention, but almost all of it in relation to

ACTIVE AGING REPORT
EXECUTIVE SUMMARY

falls prevention. There were very few comments about Tobacco Cessation. There were a few comments about addictions, but just that there is very little focus on it in relation to seniors, that it is under-resourced and often overlooked as an issue.

Those in Healthcare stated feeling disconnected from community initiatives. The programming they are involved with tends to be illness-specific or “medical model” (e.g. stroke recovery) and less ‘wellness’ oriented. Not surprisingly, Healthcare has a more clinical view of aging and seniors’ services. More opportunities for cross-discipline planning and integration seem warranted. Healthcare is beginning to see that it is not a question of “doing prevention” as an activity or a goal. Rather, it means integrating a broader view that focuses on each of the social determinants of health, and working with partners and the community to achieve goals.

There is a high state of readiness on the part of all sectors (i.e. Healthcare, Municipalities, Seniors Organizations, Recreation, etc.) for a change in mindset which focuses on inclusiveness of differences (in culture, languages, abilities) and a more creative, community-based, holistic and less medical approach to aging. The WHO’s life course approach was mentioned several times.

There was strong support in the focus groups for intergenerational and more family-oriented programming. There is also strong support for treating “younger” seniors (i.e. approximately 55-70) differently than “older” seniors (70+). This is due to differing interests and levels of ability. Younger seniors are more active and more interested in adventure activities, and many of them are still in the workforce. Older seniors may be less active, more frail, and interested in less strenuous activities.

Last but not least, many seniors from the focus groups mentioned remembering *ParticipACTION* and its success in “keeping the message in front of the people.” These respondents hope that efforts relative to all the key priorities will extend beyond 2010 and that initiatives will last so that they are remembered by the younger generation when they are seniors.



TABLE OF CONTENTS



■ Executive Summary	i-vii	■ 5.0 Seven Common Themes in the Focus Groups	31
■ 1.0 Background and Introduction	2	■ 5.1 Policy, Planning, Leadership, and Promotion	31
■ 2.0 Consultation Methods and Distribution	3	■ 5.2 Funding and Resources	34
■ 3.0 Reviewing the Literature and the International Scene	4	■ 5.3 Partnership	35
■ 4.0 Results from the Provincial Consultation on Active Aging	6	■ 5.4 Volunteering	37
■ 4.1 Healthy Eating	7	■ 5.5 Socioeconomic Issues and Geography	39
■ 4.2 Injury Prevention	9	■ 5.6 Gender and Age	41
■ 4.3 Physical Activity	11	■ 5.7 Multicultural and First Nations Issues	44
■ 4.4 Tobacco Cessation	14	■ 6.0 Case Study Examples	48
■ 4.5 Social Connectedness	15	■ 7.0 Gaps and Barriers	53
■ 4.6 Livable Communities	18	■ 8.0 Solutions and Strategies from the Consultation	55
■ 4.7 Transportation	27	■ 9.0 Observations Arising from the Analysis	58
		■ Appendix A: Participants List	60
		■ Appendix B: Ideas for Program Development	68



1.0 BACKGROUND AND INTRODUCTION

“Successful aging is more than simply a matter of health or disability. Rather, it goes further to recognize outcomes for people. Successful aging comprises what people actually do and their satisfaction with life.”⁵

The concept of successful aging comes from the literature on gerontology and can be used in various ways to describe the well-being of older persons. Successful aging is “the ability to maintain three key behaviours or characteristics: low risk of disease and disease-related disability; high mental and physical function; and active engagement with life.”⁶

British Columbia (BC) has one of the most rapidly aging populations in Canada. By 2031, 24% of British Columbia’s population will be over the age of 65. Several initiatives are underway to promote active aging and encourage healthy lifestyle choices.

In October 2005, the Ministry of Health released the discussion paper *Healthy Aging through Healthy Living*. The paper provides evidence to support five key priority issues and sets the context for stakeholders to address healthy aging for seniors in BC.

The five key priority issues are:

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- how to support seniors to continue as contributing members of society, and
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⁵ Kochera, A. Straight, A. Guterbock, T. 2005. *Beyond 50.05: A Report to the Nation on Livable Communities*. AARP.

⁶ Ibid

2.0 CONSULTATION METHODS AND DISTRIBUTION

In the fall of 2006 the BC Recreation and Parks Association commissioned a literature review and conducted a comprehensive, province-wide consultation on active aging. The consultation process engaged a cross-section of stakeholders throughout BC.

Focus groups were the primary mechanism for consultation and data gathering. Twenty six (26) focus groups were completed and data gathered from 232 professionals and non-professionals in all parts of the province (see Appendix A). The focus groups yielded information about the current scope of active aging programs and planning.

In terms of geography, seven of the focus groups were held in the North; six in the Interior; seven in the GVRD; and 4 on Vancouver Island. The First Nations group had a provincial focus and representation, as did BC Transit.

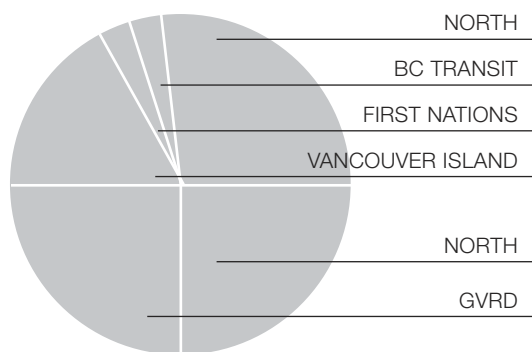


FIG 1. FOCUS GROUP BREAKDOWN

The focus group data were analyzed using qualitative methods and are summarized on three levels whenever feasible to show:

- a) an overall provincial picture,
- b) variation by discipline sector or group, and
- c) variation by geography.

Linkages are made in the report between the five key priority issues and livable communities, the results of the focus group feedback, and the literature. Supporting linkages are also made to key areas such as policy, planning and leadership, funding and resources, partnership, socio-economic issues, to name a few.

Case study examples identified by the focus group respondents are also included in this report, as are gaps and barriers, along with participants' solutions and recommendations.

Lastly, key observations arising from the analysis serve to summarize the findings.



3.0 REVIEWING THE LITERATURE AND THE INTERNATIONAL SCENE

Two elements were the focus in the very extensive literature on active aging. The first was a geographic/jurisdictional review to identify comprehensive strategies in other English-speaking countries and governments. The second looked at the five priority issues relevant to active aging that the Ministry of Health had presented in their *Healthy Aging Through Healthy Living* report (2005).

Strategies Around the World

Within Canada, policy and planning about active aging has begun at the national, provincial and local government levels. In BC, the province has produced several reports, as mentioned earlier. Three municipalities have prepared active aging or seniors recreation strategies: Saanich, Esquimalt and Kelowna (each in BC).

Several other provinces have prepared strategies: Alberta, Saskatchewan, and Nova Scotia. The federal government has also produced and commissioned various studies of active aging and related topics.

Internationally, Australia seems to have produced the most documents on active aging, which some States refer to as positive aging. The national documentation process started in 2001, as was the case for most other jurisdictions. Various states have strategies: Western Australia, Tasmania and Queensland for instance. Cities have also produced strategies and these are compiled in an Aging Strategies Register managed by the Australian Local Government Association. Some states have funding programs for the preparation of local strategies (e.g. Western Australia).

New Zealand also has a national strategy for positive aging, which has been followed by strategies for some cities, for example Auckland. Every year, the

national government's Office for Senior Citizens produces an action plan in which it documents activities of all ministries in support of the national positive aging strategy.

In the US, a national blueprint was prepared by a coalition of national not-for-profit organizations in 2001. This blueprint focused on physical activity. Many states (e.g. California and North Carolina) have state strategies, and these are often mirrored by local strategies (e.g. Wake County in North Carolina). Excellent work has been produced by the US Partnership for Prevention, including a planning tool entitled *Creating Communities for Active Aging*.

The UK has also been active and has produced several national documents and funded the preparation of local government strategies, such as those prepared by the London Borough of Kingston. Recently the UK government has re-branded its strategy which is now known as Opportunity Age.

Several international projects are also worth noting. The first two are the *Active Aging* (2002) and *Age Friendly Communities* of the World Health Organization (WHO). Another is the *Vienna Plan*, which was endorsed by the UN in 1982, and updated in 2002, now known as the *Madrid International Plan of Action on Ageing*.

3.0 REVIEWING THE LITERATURE AND THE INTERNATIONAL SCENE

Addressing the Issues of Healthy Aging

The literature review included a snapshot of seniors in BC⁷ using Census and other data, and looked at various aspects of the five elements of healthy aging: healthy eating, injury prevention, physical activity, tobacco cessation, and social connectedness. The literature review investigated barriers, improvement strategies and best/promising practices. Improvement strategies were noted as pertaining to the individual, the community, and the larger policy framework. Strategies around social connectedness looked at the opportunities afforded by the built environment, the natural environment and the community environment.

The literature review also examined the concept of livable communities, and how it intersects with and supports active aging. It identified some literature on housing and health services, on transportation, and on social and recreational opportunities. A section on livable communities is included later in this report.

The literature review concluded with a number of recommendations/observations:

1. There is no one-size-fits-all approach for 'seniors'. Seniors are not a homogeneous group. There are variations within the age cohorts (older seniors vs. younger seniors).
2. Strategies which are developed and implemented for each key priority area need to address specific issues and barriers relative to that priority area.
3. Strategies may be delivered in a multitude of settings, but need to be targeted to specific populations, again taking into account the issues and needs of those populations.
4. Two areas, social connectedness and injury prevention (other than falls), have less research investigation compared to the other areas. There are opportunities to contribute to the evidence in these areas with high quality evaluative support for concrete strategies.
5. The notion of 'Livable Communities' (for everyone) is more than a concept. There are many resources and real-life examples of livable communities. The establishment of livable communities should be encouraged and adopted to support healthy aging.



⁷For a comprehensive review see *A Portrait of Seniors in Canada* – Statistics Canada – 89-519-XWE – February 2007

4.0 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING

Focus Group Representation and Participants

As mentioned earlier, 232 professionals and non-professionals from all parts of the province took part in 26 focus groups. Focus group representation varied by discipline or group, and by geography.

As far as representation by discipline or group is concerned, Seniors Organizations were represented in 58% of the focus groups. The Recreation sector was represented in 50% of the focus groups; Healthcare in 46%; Municipalities in 42%. Private citizens were represented in 23% of the focus groups, Sport in 19%, and the Social Service sector was in 15% of the groups. The Multicultural community, Education and Government were represented in 8% (each) of the groups. First Nations, Housing and Transportation were represented in 4% (each) of the focus groups, but a provincial view was captured in each case through broad provincial representation.

Most focus groups participants were from Healthcare (22%), Seniors Organizations (20%), and Recreation (14%). 11% were from Municipalities. 10% of participants were from First Nations and/or Multicultural communities. 7% were from 'Education' (seniors from a peer education program). Fewer than 4% were from each of the other categories: Social Services, Private Citizen, Arts and Culture, Housing, Transportation, and Sport. 1% were from Government (federal or provincial).

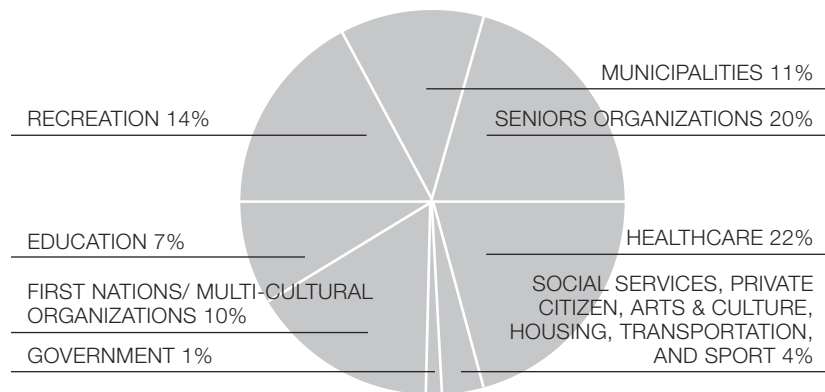


FIG 2. FOCUS GROUP PARTICIPANTS

4.1 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *HEALTHY EATING*

Linkages to the Five Key Priorities and Livable Communities

HEALTHY EATING

From the Literature

'Eat well to age well' is the nutrition motto of the National Advisory Council on Aging.⁸ The reality, however, is that the proportion of seniors who are overweight and obese is on the increase.⁹ The most recent data on obesity in BC show that almost 69% of seniors age 65 to 74 years are either overweight or obese (2004 data).

Eating well is important at any age. Proper nutrition helps maintain health and it provides the energy needed for daily activities. For some seniors, however, eating balanced, nutritious meals and getting enough of the essential nutrients can be a real challenge. This is true for a number of reasons:

- Family changes such as children growing up and moving away from home or the loss of a spouse can result in having to spend many mealtimes alone.
- Some people become much less active as they get older, especially after they retire. This can result in a poor appetite.
- The sense of taste and smell may decrease in some seniors. Foods are much less appealing when you can't smell or taste them.
- For some, wearing dentures interferes with the enjoyment of meals.
- Prescription medications or health problems can interfere with appetite and the absorption of certain nutrients from food.
- Difficulty getting around and a lack of energy can make it hard to prepare proper meals or go out for groceries.

From the Focus Groups

Healthy Eating did not emerge as a priority topic in the focus groups. Only 15% of focus groups discussed issues related to Healthy Eating, and half them were from the Interior. Respondents providing comments were mostly from Seniors Organizations and Healthcare.

"If people are alone they don't eat well, don't take care of themselves as well and their health deteriorates." "If you don't have nutritious food you're not going to be active and healthy."

⁸Government of Canada, National Advisory Council on Aging. 2004. *Eat Well to Age Well*. Expression, (17)3.

⁹BC Government. 2005. *Healthy Aging Through Healthy Living*. www.healthservices.gov.bc.ca/cpa/publications/index.html

4.1 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *HEALTHY EATING*

An example of success that was mentioned is the *Community Food Action Initiative* which looks at nutrition and healthy food supply across the Interior Health Region.

The reality in other locations, however, is often quite different. Several groups reported that more local (municipal) leadership is needed around food security in communities.

“As a community, we need to look at the systemic barriers and the determinants of health.”

“Many seniors are not getting their basic needs met (e.g. food, sense of security, adequate income) and that prevents them from being active or involved in the community.”

The Seniors Organizations in one group reported that they *“would love to offer more meal-based social time, but a lack of a commercial kitchen facility, staff and funding prevents this. A meal program is a tremendous help to seniors and would bring many more people through our doors.”*



4.2 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *INJURY PREVENTION*

INJURY PREVENTION

From the Literature

While most future seniors will be healthier and in better physical condition as a result of improved health care and education throughout their lifetime, it is an accepted fact that older people are more likely to suffer from disability than younger people. The increase primarily affects persons age 75 and over so that by age 85, about one half of Canadians experience at least one disability in relation to sight, hearing, cognition, mobility or manual dexterity.¹⁰ The fundamental conditions of aging, such as decreased visual acuity, hearing loss, mobility impairment and a decrease in balance, strength and flexibility, all lead to a greater chance that seniors' safety and security will be jeopardized.

Poverty is a risk to safety and security. Living on a low income can mean not being able to purchase hearing aids, new glasses, suitable footwear or aids which would help reduce the chance of a fall or other injury. People with few resources in later life may be less able to afford needed alterations to their homes. Additionally, people on low incomes are often unable to afford to participate in educational offerings or fitness programs. The group most affected by low income is women age 75 and over who live alone.

Of all the causes of seniors' injuries, falls are by far the biggest problem, accounting for over 87% of unintentional injuries resulting in hospitalization for those 71 years of age or over, and 75% of the deaths resulting from injury. For Canadians 65 years of age or older, direct and indirect cost to the health care system for fall-related injuries alone is estimated at \$2.8 billion annually.¹¹

Action at the local community level is important for prevention of injuries among seniors. Effective community strategies are those that arise from collaborative efforts involving seniors, community service providers, agencies and organizations representing seniors, businesses, and governments.

From the Focus Groups

31% of focus groups addressed the topic of Injury Prevention. These focus groups were primarily attended by the Healthcare, Recreation and Municipal sectors. Very few of the focus groups representing Seniors Organizations and other sectors (e.g. Social Services, Private Citizens, etc.) discussed this topic, except in the context of 'fear of injury and safety', and not from a prevention perspective.

The work being carried provincially with the Falls Prevention Initiative is widely recognized by the focus groups that discussed injury prevention, and many jurisdictions across the province are implementing falls prevention programming.

¹⁰ Public Health Agency of Canada. 1999. *Enhancing Safety and Security for Canadian Seniors: A Federal/Provincial/Territorial Reference Document*. Retrieved from http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/pdf/enhancing_e.pdf and http://www.phac-aspc.gc.ca/seniors-aines/index_pages/publications_e.htm#injury

¹¹ Health Canada, Division of Aging and Seniors. 2002. *Prevention of Unintentional Injuries Among Seniors*. Retrieved from http://www.phac-aspc.gc.ca/seniors-aines/pubs/workshop_healthyaging/pdf/injury_prevention_e.pdf

4.2 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *INJURY PREVENTION*

The senior falls prevention initiative in Vancouver Coastal Health Authority is linking inactivity with falls. Some of the elements of this program include:

- Recognition that inactivity is a major contributor/risk factor.
- Community developers in each community.
- Building support networks for clients.
- A set of promotional materials indicating activities to improve strength and balance.
 - Targeting frail but otherwise healthy seniors.
- Referring to recreation departments and local physiotherapists.

The falls prevention programs include publications on strength and balance exercise, outreach, and educating seniors in the community, residential care facilities, and acute care units. There is a “*need to offer targeted programs to inactive seniors who are between ages 65 -75 to get them active before they start getting injuries. Not a lot of seniors in that age group participate in programs unless they have established social connections by then.*”

Surrey is currently building a program to help frail seniors transition smoothly from the hospital environment back into the community.

“An option is to have physicians refer patients to an assessment program in the recreation centre.”

In Prince George, Northern Health sponsors falls prevention programs and flu clinics at all the seniors’ centres. The Interior is wrapping up a falls prevention strategy for Interior Health which will cover the clinical setting and prevention.

In Central Vancouver Island, an exercise video has come out for falls prevention, and stroke recovery, and nutrition. Fraser Health is partnering with BC Housing to provide outreach into various housing units. The aim is to engage the seniors in the building to participate,



4.3 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *PHYSICAL ACTIVITY*

PHYSICAL ACTIVITY

From the Literature

Active living is essential for daily living and a cornerstone of health and quality of life. Adults who are less active lose 16% of their existing level of aerobic fitness every 10 years. Adults who exercise for 30 minutes or more on most days of the week can slow down or reverse an age associated functional decline.¹²

Adults, including seniors, should strive to be ‘moderately active to active’, most days of the week. Is this presently being met in BC? The short answer is ‘no’. Almost half of seniors in BC ages 65+ are inactive or sedentary, especially those over age 75. Females are much more likely than males to be physically inactive (48.5% compared to 37.8%). Those living in the northern part of the province are less active than those in the south, although the Fraser Health Authority area (Surrey, Burnaby, etc.) is less active than most other parts of the province. Those who are most active (all ages) live in southern Vancouver Island.¹³

The Public Health Agency of Canada (2001) identified the following barriers that affect seniors’ participation in physical activity and the types of activities they pursue:

- societal and group norms and beliefs that physical activity benefits decline with age;
- personal attitudes toward active living, and personal capacities such as social participation skills;
- awareness and knowledge concerning active living and its benefits;
- fear among seniors of harm, injury and death from participation in physical activity.

Walking groups and physical activity programs especially designed for seniors can help seniors become—and remain active. For example, senior swim clubs and water aerobic classes are excellent activities for people with arthritis.¹⁴

From the Focus Groups

“I’d like to see all the people over 65 doing something more physical – to go out walking...”

was a comment made by a senior in a focus group. Almost 40% of focus groups discussed issues related to Physical Activity. There was representation from across the province in the physical activity comments, and most sectors were represented in the feedback (i.e. Seniors Organizations, Private Citizens, Education, Healthcare, Recreation, Sport, First Nations, and Municipal – in that order).

¹² Active Coalition for Older Adults. Retrieved from www.alcoa.ca

¹³ Statistics Canada. 2005. Canadian Community Health Survey.

¹⁴ Centre for Disease Control and Prevention. 2006. Physical Activity for Everyone: Recommendations: Are there special recommendations for older adults? Retrieved from http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm

4.3 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *PHYSICAL ACTIVITY*

"If every senior got a dog..."

In reality this focus group comment is not only amusing, it is based on evidence. Studies have found that seniors who own dogs engage in more physical activity and have less disability than seniors who do not own dogs. Dog owners were not only more likely to walk, but were also likely to walk farther and more often than those who did not have any dogs.¹⁵ Seniors who did walk their dogs were more likely to walk 150 minutes per week. At follow up, three years later, seniors who initially reported regularly walking their dogs were almost twice as likely as other seniors to continue to walk the recommended 150 minutes or more each week.¹⁶

Walking was seen by respondents as the best physical activity for active aging. Many expressed the importance of an indoor track, particularly in the North and Interior.

"The program should include a trainer to get people started." "People in the fitness area need to help, encouraging indoor walking."

Indeed, the literature supports that indoor walking venues (e.g. tracks, malls) are important in cold climates to increase walking and maintain fitness – for all ages, not only seniors. Other jurisdictions in the province had similar feedback.

"The indoor walking programs work well because they are safe options."

In Prince George, *"the Northern Sports Centre at UNBC has a walking track and gym spaces. The City partners with UNBC on operating costs."*

'Quesnel Steps Out' is a self-directed walking program that supplies participants with a pedometer. They can log their miles on a website. Other jurisdictions such as Penticton, Osoyoos, and Fort St. John also have similar programs that are supported by community organizations. Abbotsford uses the running track for community walking. It is well used even at night.

"The key to getting people out is to get them interested in something – walking, skiing, or bike riding."

"We need to recognize that 'active' is not restricted to just physical activity."

"Often physical activity is seen as something separate rather than part of our daily lives. So it's not something you have to make time for, it's just part of life."

"The key is the kind of programs and mix of activities that will bring someone new into a recreation facility. The Surrey Y has a healthy heart program Programs must emphasize the sense of well being, must be non-competitive and must be fun."

¹⁴ Huggins, C. Reuters Health. Oct. 2006. NEW YORK (Reuters Health)

¹⁵ Thorpe, J. 2006. *Dog walking helps seniors meet exercise goals* Johns Hopkins Bayview Care Center. Journal of the American Geriatrics Society.

Retrieved from <http://healthysteps.healthcentersonline.com/newsstories/dogwalkinghelpseniorsmeetexercisegoals.cfm>

4.3 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *PHYSICAL ACTIVITY*

In Prince George, seniors' apartment complexes operate exercise programs, offer talks on well-being, blood pressure clinics, etc. addressing both social and physical needs.

In summary, there are many examples of physical activity programming for seniors throughout the province. This sampling, in addition to highlighting some of the programming, also helps to shed light on the underlying issues relative to seniors and physical activity, besides the 'activities' themselves. They tend to support the information from the Public Health Agency of Canada about the needs and the barriers. Seniors want challenge and variety in the programming and activities. Being active is not just about physical activity, for example, outdoor trails must be safe. Walking is very popular. Indoor walking is preferred in colder climates. Lastly, seniors want to be supported by organizations and personnel who can adequately promote and sustain programming, and through partnerships to provide support (such as transportation) for seniors who need it.



4.4 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *TOBACCO CESSATION*

TOBACCO CESSATION

From the Literature

Tobacco use is the number one preventable cause of death and disease in Canada.¹⁷ Tobacco use is estimated to cost between \$3 and \$3.5 billion a year to the Canadian health care system, with most of the costs associated with hospital care.¹⁸

Seniors in BC have the lowest smoking rate compared to all other age groups. In BC, 10% of senior men and 8% of senior women smoke daily compared to 21% of men age 35 to 44 and 14% for women age 35 to 44 (BC Stats, 2005). Nevertheless, evidence shows that older smokers are more likely to be “hard-core” smokers, which are defined as heavy smokers with weak quitting histories who expect to never quit smoking. In general, older smokers have more pessimistic attitudes toward being ready to quit smoking and are less likely to recognize the health risks associated with smoking.¹⁹

For many First Nations communities, tobacco is a sacred plant that has an important role in traditional ceremonies and gift giving. Non-traditional use of tobacco (i.e. outside of traditional ceremonies and gift giving), however, is very high among First Nations peoples in Canada. Health Canada reports that 62% of Aboriginal adults aged 15 and older smoke cigarettes daily. There has been a general lack of public education within First Nations communities about the effects of smoking, second-hand smoke and smokeless tobacco.

From the Focus Groups

Tobacco Cessation and seniors does not stand out as an active aging priority issue from the focus groups. Very few of the focus groups had any comments at all about tobacco cessation or smoking, except in the context of chronic disease. Only one of them had a comment about the issues and a possible strategy around tobacco cessation:

“Take lessons from tobacco lobbies and strategies to effect change across the other priorities.”

This comment was made in the Interior by a focus group composed primarily of Municipal representatives and Seniors Organizations.

¹⁷ BC Government, 2006. *Healthy Aging through Healthy Living Towards a comprehensive policy and planning framework for Seniors in BC*

¹⁸ *ibid*

¹⁹ Benevolent Society, 2006. Retrieved from http://www.bensoc.org.au/research/sc_communityengagement.html

4.5 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *SOCIAL CONNECTEDNESS*

SOCIAL CONNECTEDNESS

From the Literature

Social connectedness focuses on both the structure and quality of social ties, on *networks of family and social relations which are characterized by trust and reciprocity*.²⁰ It refers generally to involvement in communities including volunteerism, philanthropy, political, civic, and religious involvement and informal social interactions such as time spent with friends and neighbours. Researchers found that aging participants receiving higher levels of emotional support over a 7.5-year period had better cognitive functioning.²¹

Family networks are important sources of financial, practical and emotional support, but it cannot be assumed all older persons have family networks available to them. Social networks decrease with age – highest at 55 and lowest at 85.²² Where family ties are non-existent or tenuous, friendship and neighbourhood links may form a critical part of a person's informal support network.

Elderly women who live alone are considered at greater risk for loneliness, depression, and decreased mobility. Of non-depressed older people, women are more likely than men to have anxiety symptoms. Chronic conditions of urinary incontinence, hearing impairment, hypertension and poor sleep are associated with a higher prevalence of anxiety symptoms. Persons with poorer psychosocial functioning and a need for more emotional support also have higher rates of anxiety symptoms.²³

Approximately 80% of seniors live in urban areas with better access to services, but less security and more safety concerns. Rural seniors tend to be more isolated from family and from each other, and there are more transportation concerns. Health Canada recommends supporting community development initiatives in rural and urban areas to reduce seniors' isolation, and enhance their feelings of safety and security.

The senior centre is an excellent environment where new supportive friendships can be easily formed. These friendships and other centre activities have positive mental and physical outcomes.²⁴ Improvement in social network expansion leads to less loneliness and anxiety. Women who live alone participate in centre activities more frequently and, as a result, create a social network that extends outside of the centre environment.²⁵

The natural environment provides opportunities for independence, participation, self-fulfillment and dignity for people of all ages. Many cities have gone to great lengths to enhance social connectedness for seniors by increasing access to the natural environment for activities such as cycling, walking, social interaction, and for aesthetic enjoyment.

²⁰ *ibid.*

²¹ Seeman, T.E., Lusignolo, T.M., Albert, M., Berkman, L. 2001. *Social relationships, social support, and patterns of cognitive aging in healthy, high-functioning older adults: MacArthur studies of successful aging*. *Health Psychology*, 20 (4), 243 – 255.

²² *ibid.*

²³ Mehta, K.M., Simonsick, E.M., Penninx, B.W.J., Schulz, R., Rubin, S.M., Satterfield, S., Yaffe, K. 2003. *Prevalence and correlates of anxiety symptoms in well-functioning older adults: findings from the health aging and body composition study*. *Journal of the American Geriatrics Society*, 51(4): 499-504.

²⁴ Aday, R.H., Kehoe, G.C., Farney, L.A. 2006. *Impact of senior center friendships on aging women who live alone*. *Journal of Women & Aging*, 18(1): 57-73.

²⁵ Dykstra, P.A., van Tilburg, T.G., Gierveld, J.D. 2005. *Changes in older adult loneliness: results from a seven-year longitudinal study*. *Research on Aging*, 27(6): 725-47.

4.5 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *SOCIAL CONNECTEDNESS*

From the Focus Groups

This is an important topic for seniors and others in the focus groups. 50% of focus groups discussed issues related to Social Connectedness. There was equal representation from across the province in the comments. The sectors represented in the feedback were mostly from Healthcare, Seniors Organizations, Recreation, and Municipalities, but Education and Social Services were also represented.

“Social connectedness is vitally important.”

“Seniors tend to stay active when they feel socially connected. [We need to] find creative ways to reach out to isolated seniors keeping in mind that social connectivity is critical to help seniors stay active in the community.”

“The social aspect is as important as the activity.”

“Make sure that no matter what, it’s about people connecting to people.”

“Loneliness is a huge factor.” “Seniors can get very isolated. Once they get used to that they don’t even know it’s happening.”

“A lot of re-education [may be needed] around how seniors understand the idea of ‘activity’. It’s about getting out and socializing. The social contact is probably the most important factor.”

“You don’t have to be athletic. It’s about belonging to a group.”

Seniors made it clear that activities should not necessarily be competitive, although there is room for competition in sports.

“It’s about bringing people together. My experience of day trips reduced isolation immensely. Get away from the traditional way of doing things. Listen to the seniors and develop programs accordingly.”

“Build community gardens for seniors to use. Have a resource/network in place to connect senior service people, groups, agencies.”

“Intergenerational activities, such as linking school kids with older seniors, can be very powerful.”

“Encourage families to socialize and recreate together. What about family activities, as well as seniors’, children’s adults’ activities? Family friendly – whoever you are, when you come it’s easy to connect with the community and be part of the community.”

“We need opportunities to link seniors with informal involvement in the community, such as helping and/or advising with gardening, helping with childcare (similar to adopt a grandparent).”

4.5 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *SOCIAL CONNECTEDNESS*

Promotion will be covered later in this report, but the following comments from a group primarily composed of representatives from Healthcare and Recreation sectors illustrate some of the issues around promotion and reach, and confirm the findings in the literature.

"[We] need to find a way to reach out to seniors who are socially isolated, but it's really hard to find who they are and to access them if they are not accessing us. Incontinence keeps a lot of people at home."

"We need a process in place for finding the isolated seniors and getting them involved. Many seniors who are single do not attend evening events."

These comments are offered as solutions from two groups composed of Private Citizens and Seniors Organizations:

"Group activities work well for many reasons. Seniors are encouraged by their peers not to miss classes as they see the value of getting out of their homes, having fun with each other, and socializing with one another. When people miss classes with no explanation it raises concerns among their friends. In this way, they also take care of each other."

"Hold golden socials and offer entertainment." "The fall fair brings in so many people. It's a variety of things – 4H and handicrafts."

"Emphasize peer teaching and learning where group leaders are mostly seniors. Encourage presentations by group members and very active discussion."

"Immunization clinics have grown into social events. Use those events to distribute health promotion materials."



4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

LIVABLE COMMUNITIES

From the Literature

In general, livable communities are places where people of all ages can live comfortably. They:²⁶

- Provide affordable, appropriate, accessible housing.
- Adjust the physical environment for inclusiveness and accessibility.
- Ensure access to key health and supportive services.
- Ensure accessible, affordable, reliable, safe transportation.
- Provide work, volunteer, and education opportunities.
- Encourage participation in civic, cultural, social, and recreational activities.

A livable community facilitates personal independence and the engagement of residents in civic and social life.²⁷

What about livable communities in relation to aging? Will our communities be ready for us as we age? Regardless of whether we live in a city, a suburb, a small town, or out in the country, the question of livable communities is important for everyone, and it is particularly relevant for those people age 50 and older who are planning for (or have already entered) retirement, or who are facing challenges to independence and quality of life that often accompany aging.

Fundamental to the concept of aging and livable communities is the idea that transportation, housing, health and social services support the goals of helping older people remain healthy and be part of the community. Features that support this goal include:²⁸

- public transportation that is easily accessed by people with mobility or other impairments;
- pedestrian-friendly environments that encourage walking;
- neighbourhood-based health and recreational programs that incorporate intergenerational interaction and support;
- mixed residential and retail business land use; and
- social, educational, health and cultural programs aimed at promoting social engagement and healthy lifestyles among elders.

²⁶ US Department of Health and Human Services. Winners of Livable Community for All Ages Competition Announced. Retrieved from http://www.aoa.gov/press/pr/2005/05_Sep/09_20_05.asp

²⁷ Kochera, A. Straight, A. Guterbock, T. 2005. Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging Research Report. AARP Public Policy Institute and University of Virginia. http://www.aarp.org/research/housing-mobility/inliving/beyond_50_communities.html

²⁸ Ithaca College Gerontology Institute (New York). 2006. Retrieved from <http://www.ithaca.edu/agingconference/>

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

Ideally, seniors should be able to find housing that best suits their particular situation and is affordable, but too often many seniors go straight from their house to a nursing home or assisted living care facility with few options in between. These options can be very expensive. While many turn to assisted living facilities to solve the problem, they fail to incorporate a blend of livability that will benefit all seniors groups and strengthen communities overall on a broad level. Creating more livable communities for seniors would allow them to live at home longer, significantly increasing the diversity and vitality of a neighbourhood, allow them to have more independence²⁹ and save money for seniors and the government.

From the Focus Groups

This is a very important topic for seniors and others in the focus groups. 85% of focus groups discussed issues related to Livable Communities. There was equal representation from across the province in the comments. The sectors represented in the feedback were mostly from Healthcare, Seniors Organizations, Recreation, and Municipalities, but Education and Social Services were also represented. BC Housing's comments are included in this section for a provincial picture. Transportation was identified by all focus groups as such an important issue that it will be addressed separately.

The issues identified in the focus groups vary across the province relative to geography. The focus group feedback, therefore, was analyzed and summarized based on geography. Three common themes emerged from the analysis of feedback in this section: facilities, housing, and infrastructure.



²⁹Ithaca College Gerontology Institute (New York). 2006. Retrieved from <http://www.ithaca.edu/agingconference/>

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

Graphical Responses

GVRD – Greater Vancouver Regional District

“Seniors like to go to a place where they can have all their needs met.”

The vast majority of GVRD respondents recognize that not all seniors have equal and/or easy access to programs, but many communities allow for *“one stop shopping - multi-purpose and dedicated seniors centres.”*

“Seniors want a place to call their own, but in an integrated setting. With limited space, the current policy is to move towards integrated settings.”

“Community planning departments should ask health and social planning input before they approve community projects. Seniors should also be involved in the planning process.”

“Society needs to shift its attitude from ‘taking care of seniors’ to ‘enabling seniors to take care of themselves’. Recreation programs will need to adapt to meet the needs of the current generation of seniors with more focus on learning and stimulation.”

“In Vancouver, the community centres could be used more to address seniors’ issues:

- ***The focus is on children and youth, never seniors.***
- ***Seniors are often not seen as ‘our clients’ by staff.***
- ***The focus is on community development, not the delivery of community health services.”***

“Lack of available space is an issue – everything is booked solid.” This makes multi-purpose facilities and seniors centres even more viable. “Build community-based centres on the lower floors of high rises or as part of multi-dimensional centres.” Have facilities close to where seniors live. Neighbourhood access is key. Link seniors housing and senior recreation centres together.

Utilize *“local churches, libraries and schools.”*

“Burnaby’s community schools work well in serving seniors.” Langley has one-stop recreation centres such as Walnut Grove which work well for seniors as well as other groups.”

“Change the names of the facilities so that they are more inclusive (e.g. removing the words senior, house and activity from the title).”

“Make sure not all the seniors centres are privately owned and run, as they are often competing among themselves for programs and customers.”

“Use the results of the WHO city friendly project to inform local communities what they need to do to make their communities more age friendly.”

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

In several areas, housing is being integrated with other services.

“Proximity to seniors housing and access to recreation is an important factor.” Coquitlam and White Rock have followed the Maple Ridge model of a seniors centre with seniors housing (Glen Pine).”

“North Van’s John Braithwaite Community Centre also includes seniors housing.”

“Squamish is currently building a dedicated seniors centre which will be ready next year. It will be built by a developer in conjunction with a major housing development.”

“GVRD is moving away from stand-alone buildings.”

While the feedback summary to this point has focused on seniors’ facilities and housing, there is another aspect of livable communities that presented in the focus groups, namely, the physical infrastructure.

“Urban planning with seniors in mind.”

“Build communities to allow people to be active (e.g. walk to grocery stores).”

“Different parts of town have different physical infrastructure (e.g. no benches along the Downtown Eastside sidewalks; wide sidewalks in the Kerrisdale area).”

“There should be more covered areas in parks for seniors to do their exercises and active aging activities. In some municipalities, property owners and the City have to share sidewalk improvement costs.”

“Delta is looking at having a park designed for seniors.”

Focus group respondents suggested looking at organized biking opportunities such as biking on the dikes and trails, with infrastructure along the trails like benches and washrooms and blacktop for greater safety for older bikers.

“Eliminate on-road bike paths.”

Northern British Columbia

Again, the feedback from the Northern communities falls into three categories: facilities, housing, and physical infrastructure. With regards to facilities and housing, respondents identify the following issues, many of which are similar to other jurisdictions:

- The seniors facilities are “very crowded and very old.” In some communities (e.g. Dawson Creek) respondents reported a lack of facilities and the need to look at utilization of other facilities.
- Schools could be better utilized. Access is limited by recent policy restrictions. Costs are steep on weekends when custodians and heat have to be paid. *“Schools are connected to neighbourhoods. They would be so good for reaching local groups.”* Neighbourhood associations exist but are dwindling. They could be involved in extending programs at schools.

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

- *“Make current seniors’ centres more inviting. It’s a big empty hall, not cozy, designed for rental and catering. Seniors’ centres should be more informal gathering places, available whenever seniors want them.”*
- *“Expand the existing buildings/infrastructure. As more people become seniors, more physical room is needed for activities (lunches/games, sports).”*
- There are physical barriers in some buildings – no elevators. High entrances are difficult for motorized and non/motorized chairs to access. There is a lack of space in some buildings. *“Even those with walkers have difficulty.”*
- Facilities are not close to seniors’ housing which makes access very difficult. *“We need better support systems for keeping seniors in their homes.” “Create the multiplex, multi-use, multi-age complex with a link to seniors housing.” “We need more housing downtown where seniors can walk, and easy access to grocery stores – they are all big and peripheral to the city.”*

With regards to the physical infrastructure, respondents from the North identify the following issues. Many of them confirm the literature findings about the special challenges to active aging in colder climates.

- *“Winter with snow and cold leaves people stranded in their homes.”*
- *Walking paths are difficult to access in winter because of the snow banks created by the snow ploughs. “How the City ploughs the snow is a major irritant – across driveways so that residents can’t get out. This effectively shuts in seniors – and it can be a long time before it melts!”*
- *“We’re attempting to add more walking trails, but lack funding. We need a walking plan.”*
- Sidewalks are missing, in poor repair, snow covered or icy.
- *“There are no shoulders on the roads which was fine when traffic was light, but now with heavy traffic sidewalks are needed. There is also a need for a pedestrian bridge over the Alaska Highway.”*
- *“We need more parks oriented to seniors, with more lighting and better access to the community forest and its nature trails.”*

In locations where the snow is cleared in winter and other infrastructure issues have been addressed, respondents report high utilization of trails, parks, and sidewalks by seniors. *“Seniors’ use the trail system, both on foot and on scooters. Walking trails are scooter accessible. Trails are cleared of snow in winter. There is an extensive walking trail system, used by all ages and cultures, and numerous parks. Cross-walk lights are now sensor based rather than requiring pedestrians to push a button. Voice prompt as well as visual icon informs when it’s safe to cross. Curbs are wheel-chair friendly.”*

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

British Columbia interior

Consistent with themes in other jurisdictions, the feedback from the Interior falls into the same three categories with regards to Livable Communities and seniors, and serve to illustrate and reinforce the key issues.

- *"I miss the easy access of shopping by foot – everything is built for driving here." "We need accessibility – something that's close and easy and cheap - ease of finding out where these services are."*
- *"I chose to live in a place (retirement community) with a village centre, an activities coordinator and a fully equipped wood shop, hiking, tennis, golfing. It meant coming to a new place but we very quickly got to know people."*
- *"One of the issues is we don't have any proper supportive housing, such as, seniors in a condo with a bowling alley and recreation centre right in the building. Supported living. This is why a lot of people go south. They have the park model and organized recreation."*
- **Housing facilities should provide an environment that builds a sense of community.** *"Part of the innovation in the next few years is taking programs and services back into neighbourhoods, old school."*
- **There are financial and attitudinal barriers.** *"Elderly seniors don't drive and feel vulnerable. They focus on all the purse snatchers in the paper. We need to bring things to where they live, provide transportation, make it affordable..."*

Infrastructure issues identified in the Interior reflect similar themes in other jurisdictions.

- *"Urban infrastructure is poorly designed in terms of encouraging walking and cycling."*
- *"Community planning is the key. Public access and places to walkabout. Changes to the infrastructure are now happening." "In Kelowna and Vernon walkabouts are occurring with local citizens and municipal officials, and in Vernon they have already made changes to municipal infrastructure to reduce falls." **Vernon is also fundraising to build and/or extend trails.** *"Over the past few years people have become more health conscious. Walking doesn't take skills and it's great exercise." (Castlegar)**
- *"Fortunately, the City had the foresight to develop our waterfront – when I walk the pathway I predominantly see men and dogs." "Forestry has beautiful walking paths at different sites – with benches. Wonderful walking trails for people of any age. But dog walking there makes it difficult for people who are frail." (both comments from Nelson)*
- *"Would be good to put stairs and trails in the new developments. In one development they have bike lanes that are heavily used, and you go to the next one and there aren't even sidewalks. We need to be more involved in community development."*

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

- *“The Millennium Trail (in Castlegar) works well because it’s a paved surface, the slopes are gentle, and it’s fairly wide. If you want to take your walker down there and go for a walk you can.” “Castlegar Friends of Parks and Trails have 50 km built and another 50 km being worked on. We should think about providing guided hikes.”*
- *“Snow on the sidewalks – nobody moves. The square dancing group stops if there is any snow.”*
- *“Bus service doesn’t come to Community Complex because of banking of driveway and narrowness.” (Nelson)*
- *“Parking is a big problem. Ladies coming down the parking lot with walkers couldn’t continue using some facilities because of the parking. Maybe a shuttle system – meet at a senior centre, or seniors parking spots closer to the door.”*

Vancouver island

The fact that Southern Vancouver Island has a number of Active Aging Strategies is evident in many of the comments from the focus groups, both with regards to facilities, housing, and physical infrastructure.

- *“Oak Bay Council - reviews supportive living and healthy community best practice models. The plan activities/support/services around the key functions seniors need to have in order to live independently in their homes, and they plan programs in communities where lower income seniors live. They inform older adults where they can access public bathrooms and encourage urban planners to put washrooms in more public places.”*
- *“People prefer to stay in their neighbourhoods if the facilities are there.” “I’d like to see choices in resources in terms of how I live and how they get the support I need. Whether it’s by purchase or mandate, the physical emotional support and the resources are in place and it’s cafeteria style.”*
- *“Cluster facilities where most services are within walking distance. Brings the community together.” “Community design that co-locates housing, stores and community services supports active aging (e.g. safe pedestrian access). Convenience is a big consideration for seniors. Having neighbourhood centres is a must. Though many transportation options are available to seniors even if they don’t drive, such as taxi savers, public transit, HandyDART, and scooters, most seniors prefer to be able to walk to their activity centre, with a walker, cane, or even just a buddy to walk with (safety in numbers).”*
- *“Although it’s good to have cluster facilities for people to go to for services, there should also be satellite facilities to meet the needs of seniors who live further away.”*

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

- *"I was very lucky to grow up in a town that had a main street, and everything happened on that main street. There's always someone you know, and you stop and you chat. So you're never alone. Being recognized on a daily basis creates that sense of community. You can find it in pockets here, such as Cook Street Village (Victoria). Those are the kinds of communities that we need to invest in."*
- *"Older buildings have not been renovated and are not wheelchair friendly." (Nanaimo) "Stairs are a problem. If you live in a home with two stories, you'll be looking to find a bungalow. Are there enough of those in the city (Victoria) to accommodate all the people who don't want to go into a seniors facility? Are there enough condominiums for them?"*

Infrastructure comments reflect similar themes to other jurisdictions.

- *"Walkability and wheelchair access is huge. You want to have elder friendly communities." (Victoria) "Sidewalks, street lighting, parks need to be more accessible for wheelchairs and those with mobility problems (many streets and parks have hills)." (Nanaimo)*
- *"Transportation, localized programs which reduce need for transportation and increase likelihood of social connections being formed which extend beyond program level."*
- *"Victoria and Saanich are very good with sidewalk care. It is a big accessibility issue for seniors."*

BC Housing

A focus group was held with officials from BC Housing (BCH), the City of Vancouver, the District of North Vancouver, Seniors Housing, Fraser Health Authority Assisted Living, Vancouver Coastal Health Authority, the Lower Mainland Network for Affordable Housing, and the Social Planning and Research Council of British Columbia (SPARC). The following is a summary of common themes and comments.

Housing must come first in the whole support of the aging process. *"Once a senior is well housed, it is possible to add other lifestyle elements like good nutrition and recreation. There is a need for a broader range of options."*

The City of Vancouver recently changed the zoning bylaw to make assisted living housing just an option within multiple housing zoning as opposed to categorizing it as special needs housing. The City has not historically been active in buying and developing land for seniors housing. Port Moody is developing the idea of complete communities and ensuring that seniors housing in the Moody Centre developments really works for seniors. SPARC focuses on people with a disability, but also on seniors. Various materials are available such as the Accessible Urban Space Guidelines.

New Westminster conducted a survey of seniors. "One finding was that the sense of 'losing independence' was very powerful – fear of the slippery slope." There are more spaces available now for recreation and socialization in assisted living, for example, the Balkin Centre in New Westminster is putting in an exercise room.

4.6 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES*

There have been changes in how BCH approaches seniors housing with a concern for aging in place. Less emphasis is placed on housing specifically for seniors and more on partnerships with home care providers.

Summary

The following comments provide a fitting summary to this section on Livable Communities:

“The WHO Age Friendly community program is a whole mindset. Rebuilding community is at the core of everything we should be trying to do in an age friendly community. Building age-friendly communities means collaboration. More mixed income and multi-use communities. Neighbourhoods with a renewed sense of social responsibility and neighbourliness.”



4.7 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES AND TRANSPORTATION*

Livable Communities and Transportation

Although many seniors still have a license, there will be a time when they are unable to drive themselves and must change their lifestyle accordingly. As the baby boomers age, communities will have to come to terms with land use patterns that assume that seniors can drive themselves anywhere at any time just as younger people do.

What is the process for moving from design of a livable community to its actualization? The first step is understanding the key issues relative to the design of livable communities:³⁰

- People tend to get less exercise as outlying suburbs are further developed and the distance between malls, schools and places of employment and residence increases.
- People are less willing to walk in their neighbourhoods when they have to deal with stresses like traffic congestion, noise, and the threat of violence.
- Most parking lots are built as close as possible to final destinations in order to increase convenience and safety for motorists, but this discourages walking.

The Victoria (BC) Transport Policy Institute³¹ recently reviewed the land use impacts on transportation and walkability in our province. The following represents a short summary of their findings:

- Mixed land uses (housing, commercial, institutional) reduces per capita vehicle use, and increases walking by 5-15%.
- Increased access to services reduces vehicle mileage by as much as 30%.
- Traffic calming reduces vehicle travel and increases walking and cycling.
- Residents of more walkable communities typically walk 2-4 times as much and drive 5-15% less than if they lived in more automobile-dependent communities.
- Improved services increases transit ridership and reduces automobile trips.
- Various programs and strategies that encourage more efficient travel patterns reduce vehicle travel by as much as 30%.

Communities must advocate walking and make mass transit more appealing to the demographic of older adults when driving is not an option. Issues of fear for personal safety, inconvenience and difficulties in negotiating the system are factors that deter the elderly from using public transportation.³²

³⁰ Communications Toolkit. Active Living Network (US). Retrieved from www.activeliving.org

³¹ Litman, T. 2006. Land Use Impacts on Transport: How Land Use Factors Affect Travel Behaviour. Victoria Transport Policy Institute. Retrieved from <http://www.vtpi.org/landtravel.pdf>

³² McNulty, R.H. 2005. Partners for Livable Communities. Retrieved from <http://www.livable.com/aging/issue.htm>

4.7 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES AND TRANSPORTATION*

Communities must take into consideration transportation programs that support a variety of peoples needs as they age. Even in urban areas where public transit is more accessible and less expensive, private vehicles are still preferred by the majority of older people. By continuing to focus on driving, we are deliberately creating places with the built-in necessity for driving, and thereby eliminating options.³³

The Active Living Network in the US³⁴ proposes the following strategies to support change. Although from the US, the issues mirror the concerns described above from our province.

- Place higher density housing near commercial centres, transit lines and parks.
- Design communities around people rather than automobiles. Work with urban planners to implement traffic calming and retrofitting projects.
- Create through-streets – streets that connect people to each other – to encourage traveling in the community other than by car. Shorten blocks to help create a compact development that promotes physical activity.
- Create commercial centres, rather than strip malls, to encourage walking. Mix land uses. Make shopping centres and business parks into all-purpose activity centres.
- Require common space in new developments such as pocket parks, community centres and neighbourhood schools.

Community Focus Group Feedback around Transportation

Transportation emerged as a theme in 62% of the focus groups. Comments from across the province reflect both the struggles and solutions outlined above.

- *“Transportation is a big issue.” “Transportation strategies need much more attention. When driving licenses are no longer available it creates an immediate sense of isolation. Has the transportation system looked far enough ahead to when we won’t be able to get into our cars and go? That will cause depression, isolation, and loss of self control.”*
- *“One of the biggest barriers that prevent the 75+ population from being active is transportation.” “Improve transportation programs so that seniors can participate in activities. Expand the bus system beyond current times.” “We need good transportation and quick. We can’t wait over an hour to catch the bus.” “Transportation programs need improvement to allow better access to services. Transportation to these facilities, if provided, would increase use by seniors.”*
- *“Transportation is hazardous for seniors, especially in winter and at night.”*
- *“Inadequate funding for HandyDART means rides must be prioritized, and medical appointments often take precedence over getting to other kinds of opportunities.”*

³³ ibid

³⁴ Communications Toolkit. Active Living Network (US). Retrieved from www.activeliving.org

4.7 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES AND TRANSPORTATION*

“HandyDART is only 8.00 to 5.00 weekdays.” “The HandyDART system has no spare capacity.”

- *“There is no volunteer driving program – could easily be organized if there were a van.”*
- *“The Bus system tries to be senior-friendly.” “North Vancouver’s ‘Go Bus’ is a good example of a flexible small bus.”*

Transit Focus Group Feedback

A focus group was held with officials from BC Transit (BCT), Vancouver Island Health Authority, HandyDART services, community organizations and recreation.

BCT has a long range service plan covering the next 20 years. It addresses seniors issues related to all forms of transit including conventional buses. Key issues are:

- Higher use of buses means more crowded buses, especially in peak hours which is a concern for seniors. The same applies at bus stops. There is a need to spread out the peak trips to off-peak times.
- Increasing bus use for short neighbourhood trips is a challenge due to neighbourhood accessibility, poor streets, sidewalks, etc. This is more pronounced in BC than in other provinces due to lower property taxes and smaller municipalities. Some municipalities are 10 years behind in their own planning.
- Demand is rising faster than it is possible to supply new buses. Plans must expand the use of alternatives such as taxi-savers. Funding is the only constraint.
- Affordability is an issue for many seniors and the bus fare adds to it, even though it is well below cost.

Community groups using accessible vans and volunteer drivers can assist in the overall transportation equation. Closer investigation is needed of what it takes to get this system working. The issues are risk management and insurance, accessibility of vans, driver licensing, and for some organizations, the loss of transportation funding within program funding. None are insurmountable.

- Not-for-profit groups can get coverage for both van use and transportation by volunteer drivers through provincially funded agencies that work under the BC government’s master insurance agreement – this applies to health authorities and to agencies funded by Community Living BC.
- Many community organizations such as care homes, churches, service clubs, etc. have accessible vehicles. It is cheaper for community programs to manage their own vehicles, since the fare is subsidized well below the operator cost.

4.7 RESULTS FROM THE PROVINCIAL CONSULTATION ON ACTIVE AGING: *LIVABLE COMMUNITIES AND TRANSPORTATION*

- Local land use is an issue. Often the local site planning ignores both transit and seniors planning. Often this is complicated by neighbourhood objections to transit interchanges on the grounds that they attract undesirables.
- Research has shown that the two key variables in establishing use of recreation centres by seniors is personal invitation and getting comfortable with someone, and transportation.

Solutions Arising from this Focus Group

- Greater Municipal funding to increase accessibility of neighbourhoods which currently exist.
- Safe cycling opportunities for younger seniors. Barrier free design for all public places.
- Housing which is accessible for seniors.
- Social marketing – building the belief in people that they can still be active.
- Taxi driver training.
- Integration of all the transportation opportunities in the community, including community vans, volunteer drivers, etc.
- Stronger value on the environmental values of transportation and the real cost of car operation.
- Better coordination of land use and transportation planning – especially around village and regional growth centres.



5.0 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS

Seven themes kept emerging from the analysis of the focus groups feedback. These themes provide a lot of insight that can be incorporated into a comprehensive Active Aging Strategy. They are: 1) Policy, Planning, Leadership, and Promotion; 2) Funding and Resources; 3) Partnership; 4) Volunteering; 5) Socioeconomic and Geographic issues; 6) Gender and Age issues; and 7) Multicultural and First Nations issues. The seven themes are summarized below.

POLICY, PLANNING, LEADERSHIP, AND PROMOTION

Policy, Planning, and Leadership

There are many factors, as noted in previous sections that contribute to the success of active aging. An absolutely critical component is local leadership and key community stakeholder involvement by which to produce policy changes through collaborative efforts in planning, design and implementation of programming. Powerful leaders who champion an issue increase public awareness and raise legitimacy, thereby increasing public involvement.

Almost 70% of the focus groups discussed issues related to Policy, Planning, and Leadership. There was equal representation from across the province in the comments and in the sectors represented.

Respondents advocated for an integrated services model with a life course approach – “staying active” beyond the traditional recreation offerings. The Kick Start Program in Kelowna is an example. This type of approach needs “the financial investment and defined roles and responsibilities.”

“Establish liaison committees. Bring together school board, First Nations, health authorities, recreation programs to discuss priorities and explore strategies, and commit funding. Need lateral collaboration at the decision making level.” Northern Health is broadening its strategy to provide a broader range of services to support clients before they develop major health problems. By bringing in resources earlier they can help the client remain independent longer and delay reliance on the health care system.

“Health professionals have traditionally tended to take control, thereby reducing the client’s activity level. The Health Region is now using Life Skills workers to help seniors maintain their independence.”

**5.1 LINKAGES TO SEVEN COMMON THEMES
IN THE FOCUS GROUPS: POLICY, PLANNING AND LEADERSHIP**

Stove pipe planning and bureaucratic red tape, it was reported, sometimes gets in the way. To mitigate against this, policies can be set up for facility sharing. Have policies in place *“to ensure we are diligent about welcoming ALL seniors.”*

“Communication is a problem. Programs are not coordinated. Recreation, schools, health offices, First Nations band offices, event organizers all work independently. Who owns the information?”

From the First Nations focus group: *“It would be nice if we had policy and services. Urban elders meet at the Friendship Centre as part of the elders conference, but don’t have a worker designated to support the elders to keep them involved actively in the community. Learning is a critical point of aging healthy. Would be nice to have an elders coordinator.”*

There are concerns that *“the whole thing will die after 2010. The message to government is to go beyond 2010, a rolling 10-year time frame.”* The hope is to *“build something lasting that will improve the policy frameworks and the environments.”*

“There is a lot of information available on what seniors need in order to be active. The problem lies with the implementation of those recommendations.”

That said, the City of Kelowna Strategic Plan which was completed last year will be meshed in with Departmental plans. The plan included 22 recommendations, from broad directional statements to specifics.

Active involvement by seniors to get buy-in is a requirement that was repeated time and time again in the focus groups. Peer leadership is a critical element in that kind of planning. Seniors advisory committees are good tools for getting input.



5.1 LINKAGES TO SEVEN COMMON THEMES

IN THE FOCUS GROUPS: *POLICY, PLANNING AND LEADERSHIP*

Promotion

The issue of Promotion also came up in the vast majority (70%) of focus groups. The major themes around promotion, in order are:

- There is too little of it. Seniors don't know where to go for the information. The word is not getting out to seniors. There is a need to help organizations and groups to raise awareness in a coordinated fashion, with the message "Come on, let's get out."
- A centralized system for information storage and distribution is preferred, perhaps a web repository for information that can be easily maintained and updated.
- Better coordination of promotion in general. Getting the word out about seniors events and initiatives. A Leisure Guide only for seniors was mentioned. There is a *Leisure for Less Guide* in Cowichan, as an example. "Each recreation facility takes turns creating it and everything in it is \$5 or less."
- There was debate in the groups about online information and whether or not it would have good uptake with the seniors. Many, however, acknowledged that seniors are online now more than ever before.
- "In order to not miss that group of people who move from able bodied to Home and Community Care, reach has to be through whoever seniors are involved with – neighbours, their children, Safeway. We need the public to be aware that we need to keep up our social and physical activities to prevent that gap from happening."
- Besides being too little of it, the present promotional materials are not engaging. Messaging needs to be in big print and plain language. No acronyms. Use real seniors, healthy seniors, but "no spandex or exercise machines."



5.2 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS: *FUNDING AND RESOURCES*

FUNDING AND RESOURCES

Almost 50% of the focus groups discussed issues related to Funding and Resources. Two over-arching themes emerged. The first is that funding is limited and extra funding is required in order to increase capacity. The second relates to staffing costs, recruitment and retention. In summary, the following feedback illustrates the key points.

“Existing programs struggle to break even in local government. Everybody is competing for the same small pie.”

“One of the problems with non-profits is the struggle for money. Governments are withdrawing support from non-profits and requiring onerous levels of paperwork, so less energy is available for actual programs. Seniors’ organizations and other non-profits need support with organizational advisors, less onerous reporting and accounting procedures, and better funding.”

Affordability is critical.

“Community centres are talking about phasing out seniors discounts. More funding is needed for the NGOs that provide all these services.”

Many seniors’ centres are non-profit, relying on grants to do special projects or purchase much needed equipment.

“Staff burns out from fundraising efforts to keep our heads above water. Grants do not provide on-going funding to keep a program running, nor do they pay for regular staff wages. If we were municipally funded or staffed so our fundraising did not have to support staff wages, we would be able to offer more services and activities.”

More multi-year and core funding is needed to provide a stable basis for not-for-profit organizations.

“There’s often seed money for starting up a program, but not enough to maintain it. Change has to be at a provincial and federal level to provide stable funding.”

“Funding for an elders coordinator is the challenge. Funding streams change very frequently and this is the main challenge in having continuity for elders.” (First Nations group)

“We don’t have enough staff to work with other agencies to reach out to isolated seniors. We need to hire full-time staff to focus on community development specifically for seniors. Attracting and maintaining trained staff is very difficult.”

5.3 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS: *PARTNERSHIP*

PARTNERSHIP

Partnership emerged as an important topic in the consultation. 62% of the focus groups discussed issues related to Partnership, beyond what is mentioned in the Policy, Planning and Leadership section.

Working partnership models range from poor to very effective. Some have well established partnerships (informal or otherwise) to address active living in general and active aging in particular. Others admitted that their partnerships are either non-existent or weak, and sometimes even conflictual. Either way, they help to illustrate the major points around partnerships. Many helpful strategies are offered which can help to improve partnerships for those who may be struggling.

Build on existing partnerships. Involve key stakeholders (e.g. Parks Board, Translink, Health Authorities, Ministry of Health, municipalities, and seniors themselves) in planning processes that have an impact on seniors.

The City of Prince George works closely with the *Council of Seniors*, an umbrella organization representing a wide range of seniors' groups. The City sees its role as providing the infrastructure and facilitation to help the Council and its member organizations succeed with their programs, rather than primarily running programs itself. The City's transportation officer works with seniors' groups on bus scheduling and routes (e.g. having buses stop right at seniors' centres) and operates HandyDART. There are also discount packages for bus riders, and taxi users. The Council of Seniors has a major, positive impact on seniors' living conditions.

"The groups co-operate and are a strong, effective force. The effects are evident. More seniors are staying in Prince George after retirement because there's more to do, thereby creating even more opportunities for active aging."

Community support is strong in smaller centres in the North because formal programs have traditionally been less available.

Municipal, educational and health authorities get significant money to promote health, but don't work together formally. They need to develop shared agendas and work under a single umbrella. Healthy Living Alliances are a positive example of multi-disciplinary inter-agency collaboration. The *Okanagan Healthy Living Alliance* brings together health professions, local government and others. Municipalities and the regional district are working together, and partnered on funding for a healthy communities project. (Kelowna)

5.3 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS: *PARTNERSHIP*

In Squamish, there is a *Council Committee on Seniors Issues*. Vancouver Coastal Health Authority is intimately involved, and linking with a Falls Prevention Team. There are Active Seniors initiatives for 2010 through ActNow BC. The Squamish walking clubs are very successful in all areas. There are advisory councils and program committees who keep on top of trends. The *Seniors Coalition* meets once a month to share information and to network. Creative Connection forums bring seniors, health providers and business leaders together to see what the issues are and discuss how to best address them. Inter-agency meetings conduct focus groups to determine needs and set consistent goals between agencies. They get feedback from neighbourhood meetings to inform the service plan.

“Don’t underestimate the strength of the seniors.”

Utilize seniors in program delivery. Seniors have stressed the importance of just being involved...part of the role of a ‘contributing citizen’.

Vancouver is involved in Active Communities initiative. Walking routes are mapped and online. The Arts and Culture initiative involves seniors. The North Shore’s *Keep Well Program* for seniors Includes fitness and other information sessions, health checks and socializing. There are garden projects. The *Falls Prevention Coalition* and networks explore creative ways to address gaps and address all risk factors.

“There is a lack of any overall planning or policy on active aging in the Central Island area.”

“There is very little in terms of an overall plan. A few years ago we looked into it. The message was ‘hands off, we’re doing fine’.” Someone was brought in to try to get the communities to work together on health and wellness. There were a couple days of sessions but it ended up being a bust. We are working as different satellites.”



5.4 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS: *VOLUNTEERING*

VOLUNTEERING

The majority of focus groups (58%) discussed Volunteering in relation to seniors and active aging. Volunteerism, across the province, is seen as valuable by both the various sectors reporting in the focus groups (i.e. Healthcare, Recreation, Municipal, etc.) and by the seniors themselves. Volunteerism is seen as a key way to stay active socially, mentally and physically.

“Older people have much to offer the community, and we need to create opportunities for that to happen.”

There are no regional variations in these perspectives. Seniors enjoy the personal contact that comes both from being a volunteer and from being a recipient of volunteer outreach. This is seen as helping to reduce isolation both ways.

“Get people to volunteer to go help someone else – that makes them both healthier.”

Focus group respondents identify that there is a need to attract younger volunteers (ages 50 to 65) as many of the older volunteers are no longer involved.

“Many community development volunteers who are seniors are getting older and there are not enough qualified younger seniors to take over that role if/when the older seniors decide to move on.”

People are staying in the workforce longer, for many reasons. As a result, not as many of them are able to volunteer and programs are suffering as a result. Younger volunteers are looking for opportunities that fit into their schedules. They are also more selective in the type of volunteer opportunities they are seeking.

“Volunteering gives them a reason to get up in the morning, but they have to get something out of it.”

Additionally, younger volunteers, most of whom have been involved with careers, are perceived as having a high skill set that should be identified and used. This is beneficial for volunteer retention and for organizations providing service, and without it, many younger volunteers do not feel sufficiently challenged.

“Enlist the support of more retirees with management and organizational skills to help seniors’ organizations develop leadership.”

The majority of focus group respondents stated that stable funding and staffing, paired with volunteer recognition and proper coordination of volunteers, yields the best outcomes for clients, services and programs, and volunteers themselves. Volunteer recognition is critical. Many respondents noted the value of a well maintained and supported volunteer pool to assist with this process.

Focus group respondents from Healthcare identified unique issues relative to volunteerism. Many programs do not enlist the support of volunteers and state that coordination is often poor for the volunteers they

**5.4 LINKAGES TO SEVEN COMMON THEMES
IN THE FOCUS GROUPS: VOLUNTEERING**

do have. Even when the volunteers are available, they tend to be under-utilized by those in healthcare, especially in community care (e.g. Home Support).

“If we could get the volunteer component into home support, the person would already have the volunteer and when they get to the facility they could continue their role.”

The reduced focus on volunteers in some cases has meant that family members have to fill in the gaps for providing services that could be offered by volunteers (e.g. respite care). This places increased burden on families.

Liability, risk management and cost were identified as the barriers to continuing to provide “valuable services” once offered by volunteers, and many services have been cut due to concerns about risk management. An example is volunteer drivers. Respondents noted that the Provincial Government could assist with policies, procedures and funding for insurance.

“There are many ways seniors can be active through volunteering. There are a lot of places that need volunteers. Seniors have skills, education, and time. You have a great pool of resources to draw on there. The thing is, you need to encourage them to volunteer. Many of them are looking for opportunities to volunteer.”



5.5 LINKAGES TO SEVEN COMMON THEMES

IN THE FOCUS GROUPS: *SOCIOECONOMIC ISSUES AND GEOGRAPHY*

SOCIOECONOMIC ISSUES

58% of the focus groups discussed Socioeconomic issues and aging. In particular, the vast majority had concerns about seniors on a fixed or low income. Many seniors don't have the means to participate in community activities.

"Subsidized rates may still be too high for some seniors. A \$10 lunch can be too expensive."

Some mentioned the high cost of equipment and facilities as barriers.

"There are a lot of people who can't afford the [walking] poles, or even good walking shoes."

Many organizations have reduced their rates to reach low income seniors. The City of Prince George Recreation branch supports excellent programs run by and for seniors, e.g. drama, choir, lawn bowling, and music. They offer a Leisure Access program for the financially disadvantaged (reduced rates for using facilities), and a 55+ discount for activities like the hockey league. In fact, many recreation programs across the province offer similar discounts. In Quesnel, several organizations offer reduced fees for seniors. Gold's Gym, the recreation centre, Live Arts, golf and curling clubs.

"There's lots of variety."

James Bay Horizon in Victoria has provided free space on an ad hoc basis so that groups with low income can meet. They offer space rental at a discount so that more groups can meet and socialize together.

GEOGRAPHY

Rural seniors tend to be more isolated from family and from each other, and there are more transportation concerns.

"Geographical isolation is a Canadian dilemma."

Health Canada recommends supporting community development initiatives in rural and urban areas to reduce seniors' isolation, and enhance their feelings of safety and security. Opportunities should be provided in the community (both urban and rural) to train seniors as leaders, giving them the skills and resources to assume and maintain leadership roles, and support seniors' centres to promote older adult learning and community leadership.

The focus group respondents reported that a critical time for many seniors is the transition off the farm and into housing in town. The adjustment can be difficult, especially if they are moving into an urban environment.

5.5 LINKAGES TO SEVEN COMMON THEMES

IN THE FOCUS GROUPS: *SOCIOECONOMIC ISSUES AND GEOGRAPHY*

"In small towns the family members aren't around – they have gone to the coast or wherever. So they don't have the family support system."

Rural seniors have no access to public transportation, facilities and infrastructure. Even community halls are often used to capacity and must charge high fees to finance operations. Seniors in rural communities face distance challenges. A comment from Kelowna: *"Fernie is 1500 km there and back, so how to you reach them and support them?"* But as is often the case, *"remote communities form activity groups to meet their unique needs."*

The First Nations provincial focus group reported that they *"face hardships up north. We are not able to access programs. We hear of great programs and it raises our expectations. We've had programs in the past, but the funding has now run out. There used to be money to attend conferences. It's hard for elders to get something going. It would be nice to have some sort of resourced strategy."*



5.6 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS: *GENDER AND AGE*

According to Statistics Canada, in 2001, 13% of Canadians were 65 plus. In BC the figure was higher – it stood at 13.6%.

There were slightly more women than men aged 65 to 69 (50.3% of women to 49.3% of men). As the sexes age, significantly more women than men are represented. In BC by the time seniors reach 85-89, 64.8% are women. This obviously presents economic problems for women who out-survive their mates or may not have had full-time employment or workforce experience. In 1996 the marital status of women 65 and over was: 8% divorced; 43% widowed; 45% married and 4% single. This breakdown leaves 55% of older women in BC living on their own or unmarried.

For 65 year olds, private households make up 94% of the mix; the remaining 6% live in “collective dwellings” which includes nursing homes and other kinds of institutions, hotels, motels, etc. Among those living in private households about two thirds (64%) live in family households (husband, wife and/or adult child), 2% live with relatives, 1% with non-relatives and 27% live alone. By the time people reach 85 and over, 72% are living in private households and 28% are in collective dwellings.

Women are the majority of the older population in virtually all nations and face different circumstances and challenges than men as they age. Older women are more likely to be widowed, to live alone and to live in poverty. Older women tend to have lower educational attainment, less formal labour force experience, and more family caregiving responsibilities than do older men.

The longevity of women in our society is one of many differences between men and women that make the study of gender a focus of public policy. In general, men live shorter lives and suffer more from fatal conditions. It is generally accepted that both biological and psychosocial factors (e.g. increased smoking, greater alcohol consumption, tobacco use, and poor diet) are involved in explaining the differentials in life expectancy.

The losses associated with aging can quickly erode men’s sense of well-being and can lead to withdrawal and depression. The aging process can be difficult for both genders, but research has shown that men generally have a harder time adjusting to the changes. Conditioned throughout their lives to be strong and independent, men can be devastated by the losses associated with aging. One of the biggest challenges men face with growing old is no longer being gainfully employed.

73% of the focus groups discussed issues related to Gender and Age.

“Successful aging is continuing to do in your later years what you started doing in your younger years.”

²⁹ <http://www.successbc.ca/eng/>

5.6 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS: *GENDER AND AGE*

GENDER

Respondents' comments reflected the findings in the literature:

Senior Women

- Are more likely to be living on their own, by choice or by circumstance.
- Are more likely to go out and seek things to do.
- Are more likely to volunteer.
- May have issues around being physically active as it may not be perceived as “ladylike”.

Senior Men

- Are more socially isolated.
- Are less engaged in volunteering.
- Are more involved in individual activities and activities with other men (e.g. golfing, curling, fishing).
- Work has been their identity and retirement is difficult. Increasingly, this is also the case for women.
- Issues are different for rural men. They tend to work longer (e.g. farm, ranch), but women in these cases are more isolated. *“Rural women need more outreach than rural men.”*
- *“Men are more likely to have attitudes that they are invincible. Much of their past work has been physically active and once they retire they just stop.”*

Both Men and Women

- Computers are helping to keep people and families more connected.
- Retired shift workers find it hard to adjust to retirement and get into daytime activities.



5.6 LINKAGES TO SEVEN COMMON THEMES IN THE FOCUS GROUPS: *GENDER AND AGE*

AGE

Younger seniors are different from older seniors. Many younger seniors are still working, and others are retiring at a younger age.

“Definitely see two groups of seniors. There seems to be two distinct groups of seniors, the younger seniors and the more traditional seniors.”

“The next generation of seniors (baby boomers) will be looking for more meaning in their ‘recreation’, including continued use of their career skills.”

“It’s hard to balance recreation programs to meet the needs of the two groups (ages 55-65 new seniors have more disposable income, looking for adventure programs; ages 65+ traditional seniors want bingo, etc.). They enjoy different types of activities. It’s very important to offer a balanced set of programs to meet the needs to the two groups.”

“We are not attracting the 55 to 70 year old ‘younger seniors’. We (Seniors Organizations) are regarded by some as ‘not welcoming’. There needs to be some kind of automatic buddy system for new members.”

“Facilities should mix the ages and activities. This encourages intergenerational relationships.”

Although this came up a few times in the feedback, not everyone agrees.

“Multiage centres are often worrying to seniors due to the presence of young children running about, etc. Once they get to the ‘frail elderly’ stage, they prefer seniors centres.”

“We are seeing more and more people age 55+ not wanting to be called seniors. We need to be sensitive to that.”

“Why is the definition 65+? The definition of senior as 65+ does not fit with the community sector definition, which is 50+ or 55+. We should shy away from the term ‘senior’. People age 55 don’t feel like a senior. ‘Older adult’ is a better term. If the name over the building is “Senior Centre” it is a barrier for people around 50.”



5.6 LINKAGES TO SEVEN COMMON THEMES**IN THE FOCUS GROUPS: *MULTICULTURAL AND FIRST NATIONS ISSUES***

MULTICULTURAL AND FIRST NATIONS ISSUES

From the Literature

“Canada is perhaps the most diverse country on earth. The 2001 census revealed that Canada is in fact ‘the world within a country’. Although Canada is home to just over 30 million people, its population represents more than 200 ethno-cultural groups. One out of every five Canadians was born outside this country. One out of every seven people in Canada belongs to an ethnic minority. Only one-third of people in visible minorities have been born in Canada.”³⁶

In 2001, more than a quarter of the British Columbia population were born outside Canada. Amongst all provinces and territories, BC had the second largest immigrant population. In 2001 there were 1,009,820 immigrants living in British Columbia, accounting for 26% of the total population in the province. Most of the BC immigrant population in 2001 had been living in Canada for more than 20 years. Dividing the immigrant population by the time of immigration indicates that nearly one-third of the immigrants arrived Canada prior to 1981, and about 20% came as recent immigrants since 1991. A higher proportion of the early immigrants came from Europe and the United States whereas most of the immigrants who arrived in the last two decades were from Asia.

Most immigrants live in the Lower Mainland. In 2001, nearly three in every four immigrants in BC lived in the Vancouver Census Metropolitan Area where immigrants represented more than 37% of the population. This trend is expected to continue as a majority of recent immigrants choose to live in the Lower Mainland.

The median age of immigrants arriving in British Columbia has gradually increased from 28.9 years in 1981 to 32.8 years in 2005. However, recent immigrants are still *significantly younger* than the population of the province which had a median age of 39.5 years in year 2005. During the 10 year period 1996-2005, nearly half (48%) of immigrants were between 25 and 44 years old at the time of their landing. Approximately a quarter of the immigrants were of school age and only about 3% were aged 65 years or older.

There are strategies for seniors from ethno-cultural groups to mitigate loneliness or depression and up-rootedness from the culture of origin, poor understanding of the dominant culture, and lack of meaningful contact with persons outside the family.³⁷

- **Ensure immigrant seniors’ access to second language education and acculturation to life in Canada and evaluate successful outreach mechanisms.**
- **Increase the number of service providers and volunteers who come from ethnic/racial minority communities and are trained in the culturally appropriate provision of care for seniors from a variety of backgrounds.**

³⁶ Dr. Alex R. Jadad, Director for Global eHealth Innovation, Professor Faculty of Medicine, University of Toronto. Speaking at the BC Cancer Agency’s 2006 Conference on Community Engagement.

³⁷ Health Canada. 1999. Challenges of An Aging Society.

5.7 LINKAGES TO SEVEN COMMON THEMES

IN THE FOCUS GROUPS: *MULTICULTURAL AND FIRST NATIONS ISSUES*

- Increase opportunities for social participation for immigrant seniors outside the immediate family, both within their cultural community and within the mainstream community.
- Adapt services and information to incorporate the specific needs of seniors from ethno-cultural groups to ensure accessibility. Services need to be culturally sensitive, which includes the utilization of languages other than English and French, and pictograms for seniors with low literacy levels.
- Reinforce efforts to improve the health of the Aboriginal population by working closely with Aboriginal communities.

From the Focus Groups

“Ethnic communities need a completely different approach, often depending on the ethnicity.”

Clearly an important issue, 80% of the focus groups discussed Multicultural and First Nations issues. There was equal representation from across the province in the comments, and across all sectors.

“Programs need to be ethnically appropriate, accessible and affordable, where seniors feel safe, welcome, comfortable, socially connected, and have the comfort to know that support will be there when needed.”

Isolation was identified as “the number one problem” facing these seniors.

“The youth are becoming more integrated, so as seniors they will probably be more involved.”

But where seniors are new immigrants, they are often isolated, living with their children, and often providing childcare role.

“There is less family support since families are busy. Language also further isolates these seniors.”

“Indo-Canadians seem isolated by language, unfamiliarity and culture, and don’t take part in mainstream programs.”

Similar comments were made for other cultural groups, including First Nations.

Language and literacy are barriers.

“A lot of people around here (Castlegar) have their major language other than English – Russian or Portuguese. That may create a social circle with people from that background, but it excludes them from other activities.”

“More consideration needs to be given to culture when planning programs and housing.”

Mainstream seniors organizations and programs need to reach out to cultural communities.

5.7 LINKAGES TO SEVEN COMMON THEMES

IN THE FOCUS GROUPS: *MULTICULTURAL AND FIRST NATIONS ISSUES*

"Segregation by ethnicity is not necessarily good. There needs to be opportunities for inter-ethnic mixing."

"We've got to get together."

The tendency is to focus on western games, not the ones that immigrant seniors are familiar with, such as Tai Chi. *"We have a good representation from the Chinese community in badminton and table tennis." (Kelowna)*
"Some sports have large indo-Canadian participation – soccer, cricket, men's field hockey." (Abbotsford)

SUCCESS (GVRD) also tries to bridge the language gap and activity through their work with seniors. Community centres and neighbourhood houses offer immigrant seniors a wide range of programs and supports. Food is one area they focus on since seniors often struggle to eat western food.

The Kitsilano area is developing the *West Side Seniors Coalition*. It has nine partners. Its first program will be a Peer Support program, an outreach program aimed at contacting isolated seniors.

Surrey Memorial Hospital uses the radio to communicate to the South Asian community, especially seniors. A Punjabi Health Fair was recently held which was very well attended.

In Prince George, the Council of Seniors has recently been approached by the Multicultural Society, who identify cross-cultural barriers as a problem. *"There's talk of developing an Indo-Canadian seniors' centre or setting aside specific times and places for Indo-Canadian programs within existing facilities."*

"There's little available for First Nations people."

Those living on reserve are shuttled to town by the bands, but then are often isolated by language, and uncomfortable beyond the specific Aboriginal facilities (Friendship Society, Longname Society, band offices in Quesnel). The Friendship Centre in Quesnel offers a weekly elders' luncheon, mostly attended by residents and their families.

"The First Nations people don't often access programs outside their culture."

There is little mixing between First Nations elders and other seniors.

"We need to create space for First Nations seniors/elders. They are not comfortable in the Seniors Centre. We need to look to other communities for their successes. For example, Houston has better success in mixing First Nations and non First Nations seniors."

'Honouring our Elders' is a celebration at the high school to bridge the gap between youth and elders, and between First Nations and non First Nations. The community of Cowichan is involved in joint planning to host the North American Indigenous Games in 2008. Art has a particular strength in the multicultural communities and could bridge some of the current language and cultural divides.

5.7 LINKAGES TO SEVEN COMMON THEMES

IN THE FOCUS GROUPS: *MULTICULTURAL AND FIRST NATIONS ISSUES*

Traditional elders are very active in their home environments, *“but once they lose their health, few meaningful services are available.”*

“The Friendship Centre and band offices don’t have time to offer programs. Many First Nations people don’t feel comfortable with mainstream society, so services have to come to them. For example, the workers often go out and pick the elders up to get them to the monthly dinners.”

Again, from the First Nations focus group: *“There are other ways of connecting. We have a women’s group to connect to other community members because we are less and less integrated into the community. Through this group we have learned more skills and use this as an educational tool with the younger women. Once a group is started people see the value and want to keep it going. Then the younger ones ask for more skills and this promotes learning but more importantly connection. We need an inner wellbeing as well as physical.”*



6.0 CASE STUDY EXAMPLES

Many examples of existing seniors' programming and activities were identified in the focus groups.

- The *Seniors Wellness and Fitness Program* in Powell River is a free twelve-week program (twice a week for a couple of hours) for seniors living in the community. Participants each receive a pedometer, have access to health advice, and have opportunities to connect with other seniors. A mild exercise program is followed by a short social time with snacks. There are guest speakers on topics such as home safety, falls prevention, nutrition, etc. The social aspect of the program is very important and lasting friendships are made through the program. The final session is a party with active games and prizes. Participants report positive health outcomes and the ability to resume activities that they have been unable to do for some time, such as lawn bowling and gardening. The classes accommodate 40 participants with two instructors. **Contact: Sandra Clark: sclark@cdpr.bc.ca**

- Coquitlam Centennial Secondary School - *Get Ready for Grad* event. The seniors teach ballroom dancing at the school before grad, and students in turn volunteer at the seniors centre across from the school to earn volunteer experience. They set up tables, socialize with the seniors and clean up the room after an event. **Contact: Judy Hamanishi, Recreation Program Coordinator, Coquitlam Leisure and Parks Services, 640 Poirier Street, Coquitlam, BC V3J 6B1 Phone: 604.933.6050 Fax: 604.933.6113.**

- Surrey: The Wilson Centre, in partnership with Fraser Health, offers caregiving education and is currently developing a pilot program to provide caregiver respite. There is a Visiting Program, Shop by Phone, Grocery Program and a Phone Support program. They work very closely with the professional home care service people and other service providers in identifying frail, isolated, and homebound seniors in the area. *"This program is in its 10th year of promoting partnerships and active healthy aging in the community."* **Contact: Alete Chetney chetneya@portcoquitlam.ca**

- Surrey: The Wilson Centre has received a grant from the United Way for 3 years to develop and implement a caregiver educational and support program for those providing care to a senior in the TriCities Area. A facilitator has been hired to provide educational and motivational sessions for caregivers. As a partner, Fraser Health provides information sessions to teach caregivers how to navigate the system. A social recreational program for the care receiver will also be developed in the upcoming year to provide the caregiver with the necessary respite they need to sustain their energy levels. **Contact: Alete Chetney chetneya@portcoquitlam.ca**

- *The Intergenerational Land and Learning Project*, adapted from Vancouver School Board, was implemented at UBC in Vancouver. Students form a unique and special relationship with a farm friend, a community

6.0 CASE STUDY EXAMPLES

elder who is neither a teacher nor a parent. The farm friend relationship and field experience enables students to experience group decision making, leadership, cooperative learning and environmental responsibility. The farm friends were eager to pass their knowledge and experience to the children. The farm friend experience gave the elders something to look forward to, led them to reflect on their own lives and feel they were contributing citizens.

See: http://www.landfood.ubc.ca/ubcfarm/documents/Symposium_3a.pdf

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- **Burnaby Services for Seniors Society (BSSS):** The 2006 Seniors in Communities Dialogue were forums to identify the emerging needs of Burnaby seniors over the next 10-20 years, and to promote collaboration amongst City departments, Fraser Health, service providers and the community. A total of 104 seniors participated at the two community forums. As a result of this 2006 *Seniors in Communities Dialogue*, approximately 30 seniors have volunteered to be a part of a larger committee organized to apply for funding for a more in-depth community survey of Burnaby's seniors.

Contact: Valentina Wojna, Burnaby Preventive Services, Fraser North, Fraser Health,
#300 - 4946 Canada Way, Burnaby, B.C. V7E 2B9 Tel: 604-918-7590 Fax: 604-918-7630

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- **Vancouver and the North Shore: Arts, Health and Seniors** funded by the SMART Fund is a research project with the aim of investigating health impacts of participation in the arts by seniors. The project is a partnership between Vancouver Coastal Health, Parks and Recreation, and Community Associations. There are four sites, each working with a group of seniors facing some form of barrier to participation in the larger community. The groups involved include Chinese-Canadian Seniors in the Strathcona neighbourhood who are working with puppet theatre artists, a LGBT group working with a writer at Britannia Community Centre, and low-income and multi-cultural seniors in Renfrew-Collingwood working with environmental artists in North Vancouver on a video project.

Contact: Jil Weaving, jil.weaving@vancouver.ca Community Arts Programmer – Citywide,
181 Roundhouse Mews Vancouver, BC V6Z 2W3 Ph. 604-257-8496

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- **SUCCESS (<http://www.successbc.ca/eng/>):**
 - Focuses on seniors needs as part of its annual planning.
 - Hosts monthly health workshops for seniors to ensure that they are aware of various preventive measures.
 - Organizes health assessments for seniors (mobile mammography, osteoporosis, etc.).
 - Organizes health fairs twice per year, in partnership with other agencies such as the Chinese Medical Society of BC.
 - Organizes public workshops on seniors benefits, housing, retirement planning.
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6.0 CASE STUDY EXAMPLES

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- *411 Seniors Society* partners with SUCCESS twice a year to put on an event focused on ethnic seniors which over 100 people attend. Each partner contributes activities. Last year the event included First Nations Seniors Society. They also offer multicultural dances year round. (<http://www.vcn.bc.ca/411/>)

 - The South Vancouver Neighbourhood House has a Latin American seniors group. They meet primarily for discussions in Spanish, sharing knowledge, outings and dancing. They also provide a base for the South Vancouver Seniors Network. They also have multicultural parties and events, honouring ethnic celebrations and sharing ethnic food. (<http://www.southvan.org/>)

 - Interior: Whitevalley Community Resource Centre sponsors a program called *Tuesdays Together*. Women over 55 meet twice per month for two hours each time. The third Tuesday of the month the women meet at the Seniors Drop-in Centre and car pool to a designated restaurant for lunch. Everyone pays their own way. Younger seniors do the driving and help the older ones with walkers, etc. The program is open to all women over 55. On the fourth Tuesday of the month women meet and have time together that can involve a number of things, such as discussions about the political state of affairs or the latest community issues that need support. (<http://www.whitevalley.ca/>)

 - The District of Squamish *Select Committee on Seniors Issues* has supported active aging in Squamish by putting forward motions for the town Council to consider. There is also an Active Seniors Committee - *Seniors Creative Connections*. Joint committee initiatives have included safer sidewalks at road intersections; extensive involvement and input into a new Seniors Centre; support for Seniors Games; a one-stop information call centre for seniors to access services or receive information about local and provincial services; Seniors Keep Well Classes; shopping flyer for seniors in Squamish; lobbying for an Assisted Living Complex. Committee members are represented on local transportation committees at the District level, local trails committees, and in the creation of a “Seniors Community Map” which describes trails, stores, facilities, etc. They also participate in emergency preparedness for seniors, lobby for increased HandyDART services and corridor wide transportation. **Contact: Janet Hickey-Blackburn at Vancouver Coastal Health Authority. Janet.Hickey-Blackburn@vch.ca**

 - Port Alberni: *Echo Sunshine Club* seniors organization offers over 50 different activities including physical activities such as carpet bowling, table tennis, tai chi, exercise classes, dance classes, hiking, badminton, slow pitch, volleyball, dragon boating. **See: <http://www.city.port-alberni.bc.ca/ParksRec/documents/WelcometotheSunshineClub.pdf>**

6.0 CASE STUDY EXAMPLES

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- Interior: Vernon has developed a peer-led *Home Safety Check Program* to reduce falls risks in and around the home. There is a hard copy manual that is also available on the website. This has been a very successful program and has been duplicated in several communities in the Health Region. The key to preventing falls centers around balance and healthy living. This message gets out in the communities to support local community groups who embrace this theme. **Contact: Mike Vanderbeck, Senior Falls Prevention Manager, Interior Health, 3205 31st Ave., Vernon V1T 2H2. Ph:250-545-8572 Fax: 250-545-0091 Email: seniors@socialplanning.ca**

 - *Society for Learning in Retirement*: The Society for Learning in Retirement (SLR) is a non-profit organization meeting the educational interests and needs of retired persons in the Central Okanagan. SLR is staffed and led exclusively by volunteers. It is open to all retired and semi-retired persons who share a love of learning and enjoy getting together to continue their studies regardless of the extent of their formal education. (<http://www.slrkelowna.ca/>)

 - *May Bennett Wellness Centre*: The May Bennett Wellness Centre transitioned from a retirement home to a community wellness centre for people in the Rutland, BC area. The Centre provides home and community programs such as adult day care, home nursing case management, supportive counselling, home rehab, caregiver support, meal programs, diabetes education classes, and arthritis support. All these supportive community services are reached through one phone number. The May Bennett Advisory Committee represents a number of interested organizations, including clients and caregivers, Seniors Outreach, Okanagan University College, community care staff and members from Rutland area Seniors Centres. (<http://kelowna.cioc.ca/details.asp?RSN=773>)

 - *Safer Home Society (Vancouver)*: SAFERhome! is an assessment program for safety in the home. SAFERhome! certification is contingent upon fulfillment of 19 basic standards for home safety (<http://www.saferhomesociety.com/>)

 - *SPARC BC* hosted a Networking Event at the World Urban Forum held in Vancouver, June 2006 entitled “Accessible Urban Space: A Facilitated Discussion on Inclusive Communities”. In support of this event the “Accessible Urban Space” publication was developed. It highlights accessibility in the areas of transportation and infrastructure, housing and independent living, and participation. It also includes descriptive information and examples of good practices in each of the areas. **Contact: Margaret Condon or Emese Szucs, Manager of Accessibility Programs, 604-718-7756, emeses@sparc.bc.ca**

6.0 CASE STUDY EXAMPLES

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- The *Council of Seniors* in Prince George is an umbrella organization that co-ordinates senior-oriented programs and services of 15 member groups (Meals on Wheels, Info Line, advocacy groups, four seniors' centres, Métis association, retired teachers, retired city employees, military veterans, Multicultural society, support groups for serious illnesses). Twice per year the Council makes presentations to the City, and receives good support. Each of the member organizations offers programs. The "voice" of the Council of Seniors is considerably more substantial than any one group alone. *"Their working relationship with the city and the YMCA is positive and fruitful."* (<http://www.pgc.ca/>)

 - Interior: *Steps Out*, a program from Osoyoos to Vernon, is a pedometer-based walking program which has skyrocketed in popularity. (<http://www.stepsout.com/penticton/>)

 - Victoria: Community Services Coordinators (CSC) afford the opportunity for a more in-depth interaction and assessment of needs of isolated seniors, and work with them to connect to resources. CSCs are also able to work with other agencies to develop programs for these individuals (e.g. lunch program, Anxiety Support Group, Macular Support Group) and work with other agencies to support or enhance groups. (<http://www.capitalcityvolunteers.org/>)

 - Victoria: *Recreation Integration Victoria* is a program that provides socialization and respite opportunities for seniors through access to community-based recreation opportunities. (<http://www.rivonline.org/>)

 - Victoria: *Memory Plus*, put on by Silver Threads, is a community-based support program for seniors with dementia and their caregivers. Also at Silver Threads is the Guess Who's Coming for Dinner program aimed at keeping seniors who are socially isolated involved in the community. Dinner guests are invited on an individual basis and driven to the dinner. (<http://www.silverthreads.ca/>)

 - Victoria: James Bay New Horizons partners with VIHA to provide seniors' aerobic classes. A free program, there are now 60 people attending the sessions. (<http://www.jamesbaynewhorizons.com/>)

7.0 GAPS AND BARRIERS

85% of the focus groups identified Gaps and Barriers, with common themes emerging from the feedback. The following list represents the commonly identified gaps and barriers, with feedback added for context.

Transportation

- A big problem for people who would like to participate in seniors' activities is getting there.
- In some cases, lack of transportation. In other cases, services (e.g. HandyDART) are fully booked. Transportation, as we have seen in a previous section, is a major challenge in winter and at night, and with safety issues. Older seniors do not want to go out at night.
- Public transportation in some locations is non-existent or limited. *"Translink's policy of not running HandyDART on the weekends makes getting to church or a key event virtually impossible for some seniors."* Bus shelters are open to the elements and often there is no place to sit. The price of transportation can be high. In some locations there has been an increase in bus service, but it is not adequate.
- Transportation was identified as a gap especially in rural areas.
- Taxis aren't wheelchair accessible.
- *"We have one cab and I'm not sure I'd want to get in it."*
- The volunteer driver program has to be for medical purposes only, and it's by referral.

Providers of service

- Not enough resources (time, money, staff) to adequately research what seniors in the middle of the health continuum need and how best to reach out to them.
- When the City of Vancouver had a Health Department, there were seniors wellness workers who were able to focus on system planning not just service and program delivery. Now there is no dedicated resource to work on seniors' issues. Staff responsible for program delivery are doing it on the side of their desk.
- The system is overburdening volunteers. Programs need proper resourcing and a good match for volunteers. Volunteers may be in the right position but they will not enjoy the experience if there's inadequate support, or if they have transportation problems.
- Don't have a formal system in place for following up with seniors who stop participating in recreation activities.
- Preventative programs aimed to keeping seniors healthy are not free but the same types of programs/services become free when they are integrated with disease management.

7.0 GAPS AND BARRIERS**Coordination and Partnership**

- Need more instructors for programs aimed at seniors. Gyms don't seem to have anybody who specialized in what would suit a senior.
- Improve partnerships with agencies like the Recreation department so that programming reflects seniors needs and desires.
- We need to move from research to implementation.

Access to programs, by seniors

- Affordability.
- Fear of injury and safety. Safety, especially for women.
- *"Victoria has an age aware community, if you live there you have a bounty."*

Aboriginal elders, however, do not feel welcome and often feel segregated. Services need to be offered that are inclusive of Aboriginal community members. The Ministry of Health can have an influence in providing guidance to these service providers to be inclusive.

"If we ask the question 'How are you going to address the needs of Aboriginal communities/peoples?' we find that we need to start building those relationships. We need to make the existing facilities open and welcoming to our people. Need to build the bridges to link with mainstream community resources."

Facilities

- Limited hours at facilities. *"The Seniors centre is open only two days per week. If the hours were extended there would be more opportunity to run programs."*
- Some facilities/programs/services have age restrictions.
- Many facilities are difficult to access for seniors (e.g. no elevator).
- Lack of sports facilities and related change rooms limits growth in seniors sport.
- The schools are a barrier. They do not see as it as important to involve the seniors at the school in lunches. Barrier from the administration office.
- Independent living facilities for seniors are well set up with activities for seniors like tai chi, but assisted living facilities have a lack of organized activities. *"That's where I've seen people stop being active, and the next step is to go to a completely assisted facility."*

Reach

- Language barriers.
- A large number of ethnic groups do not have seniors groups.
- *"It is an assumption that seniors will get their information online. Many don't have computers or internet access and many don't want it. Technology is a barrier." "Newsletters and canvassing door to door still works the best."*
- There is a difference between an older senior and a younger senior. There are no programs for young seniors.

8.0 SOLUTIONS & STRATEGIES FROM THE CONSULTATION

“Seniors’ needs have been studied for years. We need action now.” This sentiment has been reiterated at different points in this report. It offers insight into the high state of readiness of the community to participate in an Active Aging Strategy. “Don’t let it end in 2010.”

Focus group respondents across the province and across all sectors offered solutions and strategies for enhancing Active Aging in BC. Many have already been identified throughout this document, but this section focuses on specifics – concrete, realistic solutions and strategies. There are geographic variations in issues, themes, content, programming and demographics. This section will be summarized geographically for ease of presentation, but the majority of the solutions apply across the province. A list of ideas for program development is included in Appendix B.

GVRD - Greater Vancouver Regional District

Consideration should be given to having primary care offices located in community centres and seniors centres. Educate general practitioners and other health professionals to refer their patients to community resources/supports/recreation programs. Explore creative way to educate medical assistants. They need to learn about the programs so they can have the confidence to make the referrals.

Having a community engagement leader in the community to support local initiatives is very valuable. Organized activities, when facilitated by a good leader, bring seniors together and make them feel safe and supported.

Ideally, bring programming to where people live. Outreach programs should provide transportation, shopping assistance, minor home repairs and phone contact to isolated or less active seniors. They should be fun, welcoming and not too institutional. Make sure programs are affordable, accessible, and close to public transportation. A sense of safety is important. Food is a great incentive!

It’s important to build a sense of ownership by including the seniors through lots of coordinating and interconnecting groups to share information. Partners in health and recreation have realized that they all working toward a similar goal which is to empower seniors to live a healthy life. Partnerships have provided funding to implement many local initiatives.

Multicultural Organizations Vancouver

Consider gender specific programs in the multicultural community, but only as applicable to the culture.

Programs should focus on activity levels not age. They should include a strong social element. Offer programs that are either linked across generations, or juxtapose programs for seniors and other generations so that the mixing can occur. Make programs family centered.

Conduct programs in different languages. Make them neighbourhood based. Train more peer leaders and build buddy programs.

8.0 SOLUTIONS & STRATEGIES FROM THE CONSULTATION

There are various ways to break down the language and isolation barriers faced by seniors from multicultural backgrounds:

- Use intergenerational programming – link with their kids.
- Use health events such as flu clinics to identify and establish buddies for these seniors.
- Get a core of people who will accompany seniors on their first visit to the community centre.
- Get them to volunteer so that they have a role to play.
- Ensure that the language of welcome is familiar to them, and the overall welcome is positive.
- Use the ethnic media – SUCCESS uses the Chinese media which has 3 TV stations, 4 radio stations, and 5 newspapers. As a further example, the Vancouver School Board produces its Community Services brochure totally in Chinese.

Provide more support for volunteers, a dedicated staff person to support them, free parking and reimbursement for transportation. Offer recognition programs.

One stop seniors centres are ideal. Offer food, exercise, health programs and information, outdoor spaces (e.g. a roof garden).

Build walking routes for seniors, and walking clubs. Mall walking is encouraged. *“The pedometers are wonderful.”*

More ESL classes for seniors – longer programs to build skills and more socialization – more practical uses of language.

First Nations Provincial Group

“What I would like to see is a place to go for help – a place of healing, healing ceremonies, water ceremonies, and make these elder friendly, this has been successful for diabetes.”

Elders lunches in First Nations communities, where they can support each other and socialize.

Intergenerational and elder-driven activities work well. Avoid using words like ‘program’ and ‘exercise’. Need to build bridges between Aboriginal elders and mainstream seniors services and facilities.

Offer support to the elders to make programming driven by them where they set the agenda. For example, engage in bake sales, or an elders conference where they say what they want to see and we help them to do it, rather than putting things on for them and expecting them to engage.

Some of our elders are happy to get out not with a specific purpose, facilitate communication. This is where you can pick up ideas of what they want.

Maybe hook elders up with school program. Perhaps there could then be a joint program. This would connect the youth and the elders together. A lot of our young people don’t know how to clean and cure fish. We are promoting the learning from the elders to the young. We are also doing this for handicrafts. We make great use of our elders to preserve the culture, this makes them feel needed.

“Makes me feel good that I hear people are giving their time to keeping elders active and healthy. There is a challenge with real remote elders. We could make use of community champions.”

Northern British Columbia

Create mixed communities and mixed housing. Don’t divide off the seniors. Housing over the malls. Integrate space into multiage centres.

8.0 SOLUTIONS & STRATEGIES FROM THE CONSULTATION

Use active seniors in the community as models for less active ones. Provide specialized training for fitness instructors working with seniors. It's sometimes difficult for older people to accept a young instructor they don't know, and a different approach to exercise is required.

More multiage and multigenerational initiatives. More partnering between agencies, especially to bring more opportunities into residential situations.

More sidewalks and trails – also better maintained, especially in winter. More community garden plots.

Schools' spaces are under-utilized. They could be available evenings, weekends and summer for seniors' programs.

British Columbia Interior

"In the past we've found that the programs that work best are those that have a socialization component. And they are usually heavily reliant on volunteers. We found in our study that seniors want to talk to somebody – a person available by phone."

Community can raise funds for kids to be active – do the same for seniors.

Donated equipment for use by low income people.

Physical activities that do not require special skills, such as walking, biking and hiking work well.

It is important to get people active before they become seniors; part of this is intergenerational activities. Peer and family support is crucial in getting people active and keeping them active (e.g. buddy systems, groups, personal encouragement).

Vancouver Island

Set up activity programs that would allow homebound seniors to be part of the active community (e.g. their crafts get picked up to help a cause). Create a paid position responsible for reaching out to homebound seniors. This person could set up a process to follow up with people who stop going to events.

Partner with agencies that have program links to seniors and provide them with educational materials to pass on to their clients (e.g. Motor Vehicle Branch, grocery stores that have delivery services, pharmacies).

Most communities have a school within walking distance. There may be some partnership opportunities there. Use school buses, when not used, to drive seniors to and from programs.

Greater inclusion of artists in program planning. Senior Games in Nanaimo this year: having 5-6 crafts being displayed at the registration day. Hoping to build in a competition in crafts as part of the games: quilting, wood carving. Showing crafts and to be able to sell them.

Group activities work well for many reasons. Seniors are encouraged by their peers not to miss classes as they see the value of getting out of their homes, having fun with each other, and socializing with one another. When people miss classes with no explanation it raises concerns among their friends. In this way, they also take care of each other.

²⁶ Healthy Eating, Injury Prevention, Physical Activity, Tobacco Cessation and Social Connectedness

²⁷ Policy, Planning, Leadership and Promotion; Funding and Resources; Partnership; Volunteering; Socioeconomic Issues and Geography; Gender and Age; and Multicultural and First Nations Issues

9.0 OBSERVATIONS ARISING FROM THE ANALYSIS

This report is organized from a macro perspective, broadly linking feedback from twenty-six (26) focus groups across the province to five key priority areas for Active Aging,³⁹ Livable Communities and seven key elements,⁴⁰ down to a micro perspective of hands-on solutions and realistic strategies identified by the focus groups.

From an analysis perspective, some observations about the feedback are worthy of note. The first one is that some communities are very far along with programming, planning and services to support Active Aging, while others have barely started. Where there is little collaborative planning, few partnerships, and/or no leadership there is little activity. Without pointing fingers, in at least one focus group where this was the case the tone of the feedback lacked enthusiasm and hope for change and often reflected conflicts between groups in the community.

Resource development is often done in isolation of other more comprehensive approaches that include many partners working together towards a common goal. Comments to this effect came up throughout the consultation and across the province, with a commitment to improvement in many cases.

As we have seen, there was not much feedback about Healthy Eating, except in relation to diabetes, heart disease, or Meals on Wheels. There was some feedback about Injury Prevention, but almost all of it in relation to falls prevention. There were very few comments about Tobacco Cessation. There were a few comments about

addictions, but just that there is very little focus on it in relation to seniors, that it is under-resourced and often overlooked as an issue.

Those in Healthcare stated feeling disconnected from community initiatives. The programming they are involved with tends to be illness-specific or “medical model” (e.g. stroke recovery) and less ‘wellness’ oriented. Not surprisingly, Healthcare has a more clinical view of aging and seniors’ services. More opportunities for cross-discipline planning and integration seem warranted. Healthcare is beginning to see that it is not a question of “doing prevention” as an activity or a goal. Rather, it means integrating a broader view that focuses on each of the social determinants of health, and working with partners and the community to achieve goals.

There is a high state of readiness on the part of all sectors (i.e. Healthcare, Municipalities, Seniors Organizations, Recreation, etc.) for a change in mindset which focuses on inclusiveness of differences (in culture, languages, abilities) and a more creative, community-based, holistic and less medical approach to aging. The WHO’s life course approach was mentioned several times.

³⁹ Healthy Eating, Injury Prevention, Physical Activity, Tobacco Cessation and Social Connectedness

⁴⁰ Policy, Planning, Leadership and Promotion; Funding and Resources; Partnership; Volunteering; Socioeconomic Issues and Geography; Gender and Age; and Multicultural and First Nations Issues

9.0 OBSERVATIONS ARISING FROM THE ANALYSIS

There was strong support in the focus groups for intergenerational and more family-oriented programming. There is also strong support for treating “younger” seniors (i.e. approximately 55-70) differently than “older” seniors (70+). This is due to differing interests and levels of ability. Younger seniors are more active and more interested in adventure activities, and many of them are still in the workforce. Older seniors may be less active, more frail, and interested in less strenuous activities.

Last but not least, many seniors from the focus groups mentioned remembering ParticipACTION and its success in “keeping the message in front of the people.” These respondents hope that efforts relative to all the key priorities will extend beyond 2010 and that initiatives will last so that they are remembered by the younger generation when they are seniors.

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Trina Sporer

Suzanne Strutt

Richard Taylor

Judy Wiggins

APPENDIX A – FOCUS GROUP PARTICIPANTS

Appreciation is extended to all those who participated in the focus groups, sharing their knowledge and insights.

Vancouver, Coast Plaza Hotel, October 24, 2006

Gail Sam
SD #63 Saanich

Mollie Bono
SD #22 Vernon

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First Nation (Sto:lo Nation)*

Darlyn Alec
*North Cariboo Aboriginal
Family Progress Society*

Maureen Weyhe
Douglas First Nation

Delores Kelly
*Atira Women's
Resource Society –
Aboriginal Women's
Outreach*

Mona Alexcee
Leonard Alexcee
*Kaien Island
First Nation
(Prince Rupert)*

Janice Kyle
*Nuxalk Nation
(Health and Wellness)*

Lucille Brotchie
*Kwakiutl Band/
Kwakiutl District Council*

Leonard Ward
Stellat'en First Nation

Michele Quinn
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Friendship Centre*

Stacy McNeil
Seabird Island First Nation

Stephanie Thomas
Snuneymuxw First Nations

Castlegar, November 9, 2006

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*Castlegar and District
Community Services*

Dorothy Martini
Castlegar citizen

John Mansbridge
*Castlegar Parks & Trails,
Health Watch*

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Golden Life Management

Margaret Nickle
Bob Jackson
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Community Services*

Dawson Creek, November 23, 2006

Gail Henderson
Pat Peterson
Marge Monlezum
Marcheta Leoppky
Harold Boraas
*Dawson Creek
Seniors Association*

Melba Boraas
Norman Myton
Doris Mytron
Edna McPhail
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*Dawson Creek
Seniors Association*

Patsy Nagel
*Peace River
Women's Institute*

APPENDIX A – FOCUS GROUP PARTICIPANTS

Vancouver, Roundhouse Community Arts Centre, November 14, 2006

Melanie Ray
Story-teller

Joy Coghill Thorne
Actor

Tamara Unroe
Carmen Rosen
Megan Stewart-Stubbs
Yoko Tomito
Artist

Jil Weaving
community arts programmer

Susan Gordon
Juan Solorzano
City of Vancouver

Fort St. John, November 24, 2006

Krishna Cox
*Primary Health Care
Coordinator, Fort St John
Hospital & Health Center*

Melanie Olthuis, RD
*Home Care and Health
Services or Community
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Health Unit*

Jodie Jansen
*Physical Therapist,
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Home & Community Care*

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*Home & Community Care,
LTC Case Manager*

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*Community Services,
City of Fort St. John*

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City of Dawson Creek

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Caroline Dunford
Occupational Therapist

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*Administrative Assistant,
District of Taylor*

Caroline Dunford
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Fort St. John, Seniors, November 24, 2006

Wilma Hansen
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Eira Lucas
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Citizen Assoc*

Bill Gusulak
Jean Leahy
*Fort St. John Seniors
Citizen Assoc*

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Floyd Erickstad
*Fort St. John Seniors
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APPENDIX A – FOCUS GROUP PARTICIPANTS**Kerrisdale, November 29, 2006**

Anne Judge
*President of 411
Seniors Society*

Aurora Bach
*South Vancouver
Neighbourhood House*

Ling Chu
*Program Manager for
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SUCCESS*

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*Settlement Program
Officer SUCCESS*

Julie Wall
*Kitsilano
Neighbourhood House*

Kelowna, SLR, November 7, 2006

Josie Barr
Gary Dickinson
John Loewen
Barbara Dickinson
Vera Ito
Ian Melling
John Ewens
*Seniors Learning in
Retirement*

Jollean Ewens
Edie Lavaroff
Ron Brillinger
Donna Duke
Marie MacRae
Linda Grant
Ron Lyric
*Seniors Learning in
Retirement*

Angie March
Okanagan College

Charlene Wehrmann
The Chatsworth

Kelowna, Water Street, November 8, 2006

Eunice Kuraitis
Sture Gustafson
Myrna Chartrand
*Senior Citizens' Association
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Gordon Robertson
David Cullen
*BC Seniors Games, Slo-Pitch,
Volleyball & Badminton*

Lynn Callon
Rutland Senior Centre

Sharon McKenzie
*School District 22 Vernon,
Kidston School*

Teena Taylor
Gloria Steingart
Water Street Senior Centre

Kelowna, Kick Start, November 6, 2006

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City of Vernon

Jim Gabriel
City of Kelowna

Annette Beaudreau
*Regional District of
Central Okanagan*

John Douglas
Active Living

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*Whitevalley Community
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APPENDIX A – FOCUS GROUP PARTICIPANTS

Kelowna, Kick Start Office, November 7, 2006

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Vernon Social Planning Council

Angela Chapman
Interior Health

Kim Jensen
BC Cancer Agency - Prevention Programs; Independent Consultant Innovative Changes - Community Education & Consulting Services Innovative Changes

Mike Vanderbeck
Social Planning Council

Bob McCoubrey
Central Okanagan Community Garden Society

Cathryn Wellner
Interior Health

Corie Griffiths
Central Okanagan Regional District

Lynn Johnson
BCRPA Fitness Branch

Leslie Bryant MacLean
Interior Health – Research

Nanaimo, November 20, 2006

Brian Sugiyama
Recreation Programmer, Bowen Park, City of Nanaimo, Parks, Recreation & Culture

Connie Audenaert
VIHA, Manager, Activation Services - Cowichan Valley

Terry Manzo
VIHA, Special Projects Coordinator, Regional Adult Day Programs

Dale Graham
Vancouver Island Health Authority (VIHA), Home and Community Care, Community Practice Resource PT

Coral Spowart
VIHA, Therapist

Cathy McKenzie
Regional District of Nanaimo

Sue Ward
VIHA, Community Service Coordinator, Home & Community Care

Jennifer Carmichael
Cowichan Centre

Nelson, November 9, 2006

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Interior Health - Long Term Care Case Management

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Interior Health - Clinical Lead for Dementia

Margaret Wood
Senior Home Support Study

Lex Baas
Interior Health - Population Health

Mary Audia
Interior Health - Nurse/Manager, Adult Day Centres

Wilma Turner
Regional District of Central Kootenay - Recreation Commission

Elaine Thompson
Regional District of Central Kootenay - Nelson and District Community Complex

Helen Kissinger
Renew Personal Training

Helen Samson
Interior Health - Home and Community Care

Helen Lutz
Interior Health

APPENDIX A – FOCUS GROUP PARTICIPANTS

Prince George, November 8, 2006

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Northern Health Corporation*

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Northern Health Authority*

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Bev Christianson
*VP Prince George
Council of Seniors*

Katrina Mallon
*Recreation Programmer,
Vanderhoof*

Robin McConkey
*Prince George Parks
and Recreation*

Tanis Wey
Fitness Director YMCA

Christine James
*Northern Health,
Home Community Care*

Quesnel #1, November 7, 2006

Jeff Norburn
Recreation Manager

Maggie Ferguson Dumais
Arts Coordinator

Richard Gautier
Program Coordinator

Sharron Hill
*Quesnel Chamber of
Commerce Board*

David Ross
*North Cariboo Aboriginal
Family Program Society*

Errin Evans
Quesnel City Planner

Audra Achen
Irene Kopetski
Northern Health Authority

Anil Thapar
Student Nurse

Quesnel #2, November 7, 2006

Ron Paull
City Council

Bonnie Stowards
*Manager Golden Centre
OAPO*

Barb Yaeger
Member Golden Centre

Ron Campbell
*President of local Cancer
Society chapter*

Helen Kuhn
*Past Citizen of the Year and
seniors' advocacy person*

Gloria Lazzarin
*Town alderman in the '70's,
very active in mental health*

Rev Margot Rose
Quesnel citizen

Joan Huxley
Vice President Seniors Centre

APPENDIX A – FOCUS GROUP PARTICIPANTS**Victoria, November 30, 2006**

Val Green <i>Volunteer Victoria</i>	Colleen Kasting <i>Victoria citizen</i>	Hanne Fair <i>James Bay Community Project</i>
Chris Poirier-Skelton <i>Victoria citizen</i>	Neil Jones <i>Salvation Army</i>	Nansi Blenkiron <i>Capital City Volunteers</i>

South Surrey, November 22, 2006

Holly Kennedy-Symonds <i>Burnaby active seniors</i>	Sylvia Yee <i>White Rock Leisure Services, Kent Street Activity Centre</i>	Alete Chetney <i>Program Coordinator, City of Port Coquitlam Parks and Recreation Department</i>
Wendy Bruins <i>Adult Health, Preventative Services Burnaby</i>	Kevin Dack <i>Supervisor, Community Recreation, Township of Langley</i>	John Evanochko <i>Angela Barth Surrey Parks, Recreation and Culture</i>
Lou Scheffler <i>Manager, Therapeutic Recreation</i>	Cari St.Pierre <i>Parks Planner for Surrey Parks</i>	Randal Klassen <i>CSCII – Seniors, City of Surrey</i>
Jas Cheema <i>Diversity Services, Surrey Memorial Hospital</i>	Liz Gibson <i>Seniors Citizens Coordinator, Delta Parks, Recreation & Culture Department</i>	

Victoria, Cedar Hill Recreation Centre, November 16, 2006

Steve Meikle <i>District of Saanich</i>	Sandy Clarke <i>City of Victoria</i>	Lori Goodwin <i>Researcher/consultant</i>
Yasmin Rampuri <i>James Bay New Horizons</i>	Linda Siegel <i>Victoria Health Coalition</i>	Candis Elliot <i>Meals on Wheels</i>
Richard Stebeck <i>Service Canada</i>	Phil Lyons <i>Greater Victoria Seniors Coalition</i>	Sue McCauley <i>Silver Threads</i>
Catherine Luke <i>Consultant</i>		

APPENDIX A – FOCUS GROUP PARTICIPANTS**Victoria, Cedar Hill Recreation Centre, November 16, 2006**

Claire Gram	Jazmin Miranda	Judy Hamanishi
Kathy Keetley	Bonnie Lillie	<i>Recreation Program Coordinator,</i>
<i>Vancouver Coastal Health (VCH)</i>	<i>Vancouver Coastal Health (VCH)</i>	<i>Coquitlam Leisure & Parks</i>
		<i>(Dogwood Pavilion),</i>

West Vancouver, Public Library, November 21, 2006

Annwen Loverin	Carol Wynne	Janet Hickey-Blackburn
<i>Executive Director,</i>	<i>Brennan Park Recreation</i>	<i>Team Leader Home and</i>
<i>Silver Harbour Centre</i>	<i>Centre, Squamish</i>	<i>Community Care Squamish, BC</i>
Susan Mele	Karen Clarke, VCH	Hilary King
<i>City of Vancouver</i>	Joyce Parkin	<i>Leader, Community</i>
Cindy Chang	<i>North Vancouver Recreation</i>	<i>Engagement, VCH</i>
<i>Centre Supervisor I - General</i>	<i>Commission</i>	Sepia Sharma
<i>Programs and Seniors &</i>	Collene Huskinson	<i>Seniors Fall and Injury</i>
<i>Acting ESS Director, City of</i>	Brian Bull	<i>Prevention, VCH</i>
<i>Burnaby - Parks, Recreation</i>	Erin Olmstead	Mary-June Wyndham
<i>& Cultural Services</i>	<i>West Vancouver Parks</i>	<i>Squamish Keep Well Program</i>
Julie Miles, Squamish	<i>and Recreation</i>	

Abbotsford, Exhibition Park, Health, December 7, 2006

Wendy McCormick	Pieter Steyn	Sar Robson
<i>Parks, Recreation & Culture,</i>	<i>Centre for Education and</i>	<i>Fraser Valley Seniors</i>
<i>District of Mission</i>	<i>Research on Aging, University</i>	<i>Resource Centre</i>
Lori Veres	<i>College of the Fraser Valley</i>	Wendy Creelman
<i>Social Coordinator at</i>	<i>(UCFV)</i>	<i>Project Leader, In motion</i>
<i>the Cedars, Mission</i>		

Abbotsford, Exhibition Park, Sports, December 7, 2006

Suzanne Primus	Mandy Hadfield	John LaFramboise
<i>Fitness Edge</i>	<i>Abbotsford Parks, Recreation &</i>	<i>City of Abbotsford, Liaison</i>
Fred Ewert	<i>Culture, Recreation Programmer</i>	<i>to the Games</i>
<i>BCSG Soccer</i>		

APPENDIX A – FOCUS GROUP PARTICIPANTS**BC Housing, December 5, 2006**

Phil Chapman
*Social Planner, District of
North Vancouver*

Shoneugh Edwards
*Community Education
Resource Manager,
Seniors Services Society*

Marcia Carr
CNS Burnaby

Val MacDonald
ED Seniors Services Society

Sandra Golightly
Assisted Living coordinator

Karen Condon
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Margaret Condon
Project Coordinator, SPARC BC

Nick Najda
*Community Developer,
BC Housing Management
Commission*

Leslie Stern
*Lower Mainland Network
for Affordable Housing*

Jean Thompson
*Community Developer, Vancouver
Coastal Health, Parkgate
Community Health Centre*

BC Transit Office, December 6, 2006

Susan Murphy
*Recreation Manager-Filberg
Centre*

Vicki McNulty, MSW
*Manager, Program Development
and Implementation, Adult Day
Programs, Vancouver Island
Health Authority*

Bob Allen
Farwest handyDART Services

Mike Davis
*Manager, Planning and
Scheduling, BC Transit*

Liz McCarter
*Wellness Centre Coordinator,
Yakimovich Wellness Centre*

Malcolm MacPhail
Steve Segal
BC Transit

Doug Nutting
*Executive Director, Recreation
Integration Victoria*

Carol Turnbull
Fairfield New Horizons

Smithers, November 28, 2006

Amber Lyndon
*Recreation Coordinator,
Town of Smithers*

Mickey Brandvold
*Chair Affordable Recreation
Commission, Owner Natures
Pantry Health Food Store*

Flora Stokes
*Former Seniors Counselor,
organizer of the Soup Kitchen*

Nancy DeVries
*Chair, Smithers Seniors
Association*

Olga Walker
*Senior and Director BC
Senior Games Society*

Adrian Meeuwissen
*Senior, School Trustee and
Director BC Senior Games Society
member Houston Seniors*

APPENDIX B – IDEAS FOR PROGRAM DEVELOPMENT

Design/Policy

- Ensure that the program leader is well trained and is a good facilitator with older adults
- Ensure that there is an overall strategic plan and policy for supporting active aging.
- Think how seniors programs, and those of other generations, can be made intergenerational.
- Develop a set of programs that focus on adults 55 to 65 years, in order to increase their activity levels in their pre-retirement years.
- Recognize the key transitions in seniors' lives and focus programs on these transitions. One example would be programs and support for those people who decide to give up using their vehicle.
- Explore the training opportunities for staff to increase their capacity and skill levels for working with older adults.
- Consider programs in parks in the summer – walking, exercise, bird watching, tai chi are examples.
- Ensure that refreshments and food are available as part of older adult programs.
- Have a coordinator to focus on health promotion and strategic planning around seniors' issues.

- Ensure that there is a capacity for program planning in your organization so that research and planning do not fall to the overburdened programmers.
- Create outreach programs. Use community rooms in apartments with high seniors populations.
- Ensure that programs are available in all neighbourhoods.
- Look carefully at the range of programs that are provided for seniors – many seniors don't want to do group activities, but still want to participate. Often some form of volunteering is what they seek, as it gives them a sense of community value that they do not get elsewhere.
- Ensure that your planning includes an assessment of the skills that older adults bring – there is often an opportunity to build services around these skill sets.
- Experiment with offering programs at different times of day and remember that older adults go out less in the evening, but younger adults may still be employed and prefer an evening time.

Communication

- Make sure that seniors are a specific focus of programs; ensure they have a page in the Program Guide and are easy to find on the City website.
- Use the Active Communities website to track research and ideas on what seniors need and how best to reach them.

APPENDIX B – IDEAS FOR PROGRAM DEVELOPMENT

Partnerships:

- Work with local seniors organizations and seniors centres – if they are already running programs, work with them to strengthen and support them.
- Make sure that older adults are a part of any Active Communities Strategic Plan.
- Work with organizations that serve multicultural communities to ensure that any cultural barriers are addressed.
- Work with the health authority to create a demographic profile of local seniors.
- Work with the health authority to create a needs assessment for seniors programs.
- Build volunteering within the older adult population; ensure that a range of options are available.
- Ensure that it is seniors who are doing the program planning – it will build a sense of ownership.
- Work closely with the many organizations that are ‘illness-specific’ such as Heart and Stroke and CNIB.
- Work with existing clubs to integrate seniors into existing programs, e.g. film club.

Transportation:

- Make sure that all participants’ travel to the program is safe and supportive.

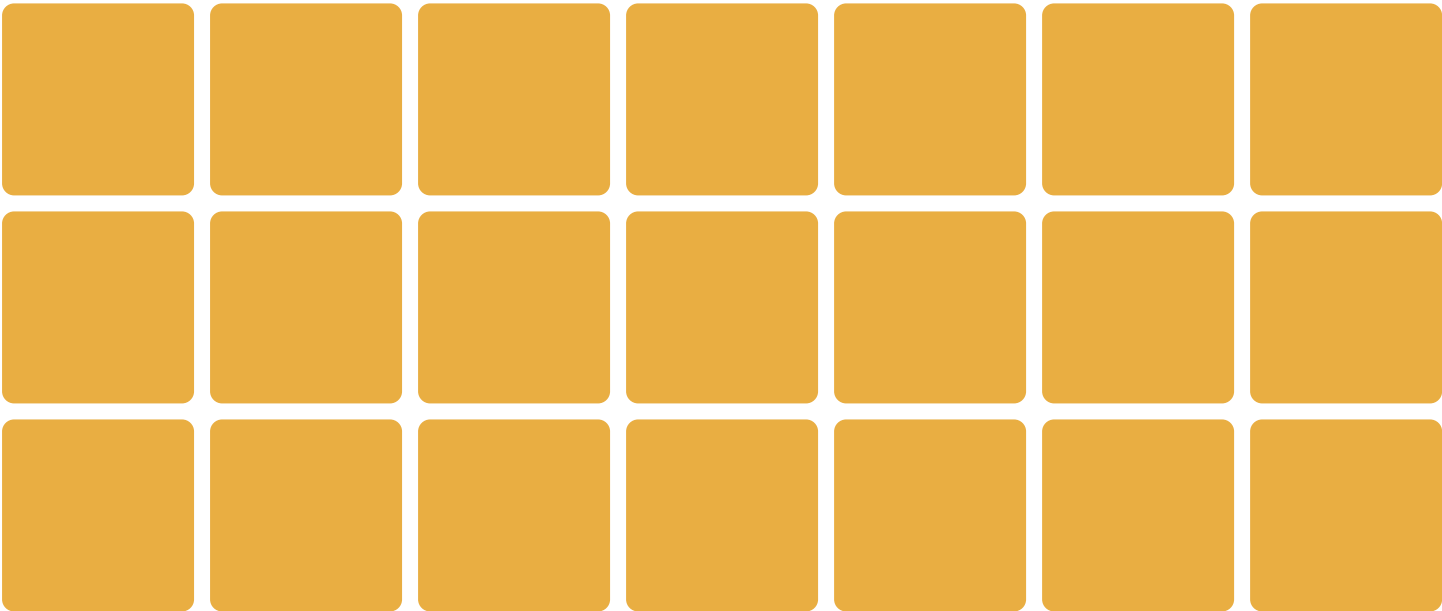
Facilities:

- Ensure that the environment where the program takes place is safe and supportive for older adults.
- Consider other venues for programs beside the seniors centre or recreation centre.
- Carry out a facility audit to ensure that all recreation facilities are accessible to older adults.

Funding/Cost:

- Consider how your local granting programs support existing seniors organizations. Consider adding some additional funding to increase their capacity.
- When developing a new program, consider its cost and accessibility in total terms; in particular, include the cost of transportation for seniors. Programs that seniors regard as expensive will not be successful.
- Recognize that some seniors are willing to pay a little extra to get the services that are better suited for them.

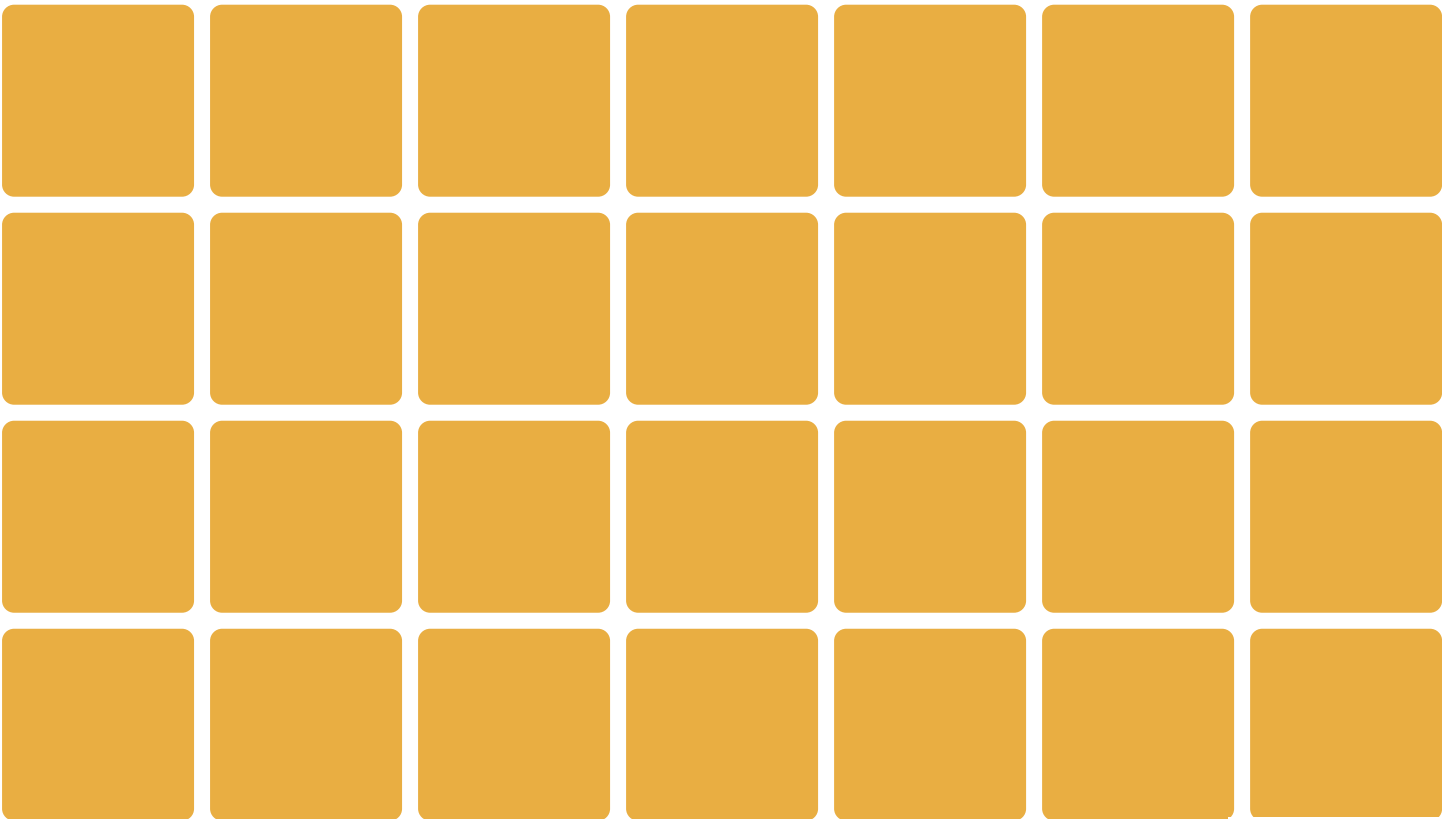




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