

AGE FRIENDLY & QUALITY OF LIFE 2008

EXECUTIVE SUMMARY

Prepared by:
Naida Motut
Katherine Watson, PhD
Chilliwack Social Research and Planning Council

for the
City of Chilliwack

With support from:
Union of British Columbia Municipalities
City of Chilliwack
Chilliwack Social Research and Planning Council
University of the Fraser Valley



Chilliwack
Social Research
and Planning
Council



March 2009

TABLE OF CONTENTS

Introduction	3
Methodology	3
Demographics and Personal Information	4
Part I – Housing	6
Part II – Outdoor Spaces and Buildings	9
Part III – Transportation	9
Part IV – Social Participation	10
Part V – Respect and Social Inclusion	11
Part VI – Civic Participation and Employment	11
Part VII – Communication and Information	13
Part VIII – Community Support and Health Services	14
Conclusions	16
Recommendations	18
<u>Appendix 1:</u> Summary of problems / concerns / issues regarding Age-Friendly Cities	20
<u>Appendix 2:</u> Wheelchair access in Chilliwack homes:	30
<u>Appendix 3:</u> Summary of Written Comments:	34

Introduction

The City of Chilliwack is a vibrant community with senior residents representing 16% of the community's population and with an expected increase of this population segment by 40% in the next 15 years. Chilliwack's vision for a healthy, sustainable community rests on the development of inclusive neighbourhoods that provide a variety of housing choices, adequate green spaces and transportation linkages for all residents. The City is about to embark on the development of an Affordable Housing Strategy to increase the supply of affordable and special needs housing. The Aging and Quality of Life Survey is an important consultation tool that is used to inform service and community groups, and to help guide the City make decisions regarding planning, budgeting, and community issues.

Methodology

The Age-Friendly Committee included representatives from the following organizations: CERA (Centre for Education & Research on Aging at UFV); CADREB (Chilliwack & District Real Estate Board); CDSRS (Chilliwack and District Seniors' Resources Society); Chilliwack Community Services; Chilliwack Social Research and Planning Council; City of Chilliwack, City Council and staff; Elder College Chilliwack; Fraser Health; and Union of British Columbia Municipalities.

After careful review of the World Health Organization's Global Age-friendly Cities guide (2007) a 20 page questionnaire was designed. The 85 questions containing 378 variables were based on the WHO Age Friendly indicators which included:

- Housing with subtopics: affordability, current, future, aging parents, repairs & maintenance, neighbourhood;
- Outdoor spaces and Buildings with subtopics: community, green spaces & parks, sidewalks, age friendly buildings;
- Transportation;
- Social Participation;
- Respect and Social Inclusion;
- Civic Participation and Employment;
- Communication and Information;
 - Community Support and Health Services with subtopics: home care, residential care facilities, other community supports;
- General information;
- Current health.

The Age-Friendly Committee retained the Chilliwack Social Research and Planning Council to conduct the research. Through collaboration and input from the committee the questions were refined and a final version of the questionnaire was printed in August of 2008. This questionnaire was designed to survey individuals age 50 and up, the now retired and soon to be retired cohort. Copies of the questionnaire were available from the City of Chilliwack's webpage. An on-line version was available through links available on the City's webpage and hard copies were distributed at two community forums and by delivering them to: service and community groups, churches, meetings, personal contacts, senior's housing complexes, some strata complexes, Chilliwack Hospital, Elder College sign-up sessions, committee members. Interested individuals or groups could pick up copies at the University's Chilliwack campus, City Hall, through

Community Services, Chilliwack and District Seniors Resource Centre locations and copies were mailed to those who telephoned and requested them. Respondents either dropped off copies at collection points, called to have them picked up or mailed them back. In all 249 responses were received and entered.

Two community forums were held in two different areas of Chilliwack; one on August 26, 2008 and the other on August 28, 2008. The sessions were recorded, analyzed separately and summarized. A summary of their results is attached to this report as Appendix I: *Summary of problems/ concerns/ issues regarding Age-Friendly Cities.*¹

Demographics and Personal Information

The findings of this report are a compilation of the thoughts of the 249 respondents at the time they entered their responses onto their questionnaires; they are not a representative sample of the general population. Even though not representative of the 50 and over population of Chilliwack, their responses provide us with a detailed snap shot of their thoughts and feelings at that time. It remains informative about the major trends and issues and their scope and magnitude for our sample regarding the topics presented above. The majority of respondents were female (71%) and 29% were male. These responses may hold a female gender bias since (for those aged 50 and up) the Chilliwack population is 53% female and 47% male.² The age group with the most responses was 65-74 years of age with 85 respondents. The 50-64 years age group produced 73 respondents; those 75-85 produced 68 responses and there were 9 respondents 85 years and older.

Just over 60% of respondents lived with a companion or spouse and 35% reported living alone. Both mean and median annual household income ranged between \$30,000 and \$49,999, and this group represented 31% of respondents. There were 38% reporting less household income, while 31% reported higher income levels.

Nineteen percent of respondents live in rural areas which include Eastern Hillside and Chilliwack Mountain. 42% of respondents lived North of Highway 1 in both the Chilliwack proper and Chilliwack areas including Fairfield Island and Little Mountain and this representation was about evenly distributed through the three age groups from 50-84 years. 39% reported living south of Highway One in Sardis, Vedder or Promontory areas. Those from these areas were evenly distributed through the three age groups from 50-84 as well. Of those 85 and over, one lived in Sardis and all others in the downtown Chilliwack area.

Health: 83% rated their health as good, very good or excellent while 18% reported their health as fair or poor. There was representation from all age groups in the fair category. When asked to compare their health now to one year ago 80% of respondents rated their health as remaining the same from one year ago. In the event of ill health only 24% would turn to the church for help, 43% would turn to friends, 53% to the medical system and 79% reported turning to family for help.³

¹ Appendix I Summary of problems/concerns/issues regarding Age Friendly Cities

² BC Stats for 2006

³ Respondents were asked to tick 'all' suitable or 'all that apply'.

Mobility: Across all age groups 76% felt their ability to live independently was about the same as 2 years ago. The two groups with the greatest decline over the past 2 years (somewhat worse) were those 75-84 (18%) and those 85 and over (22%). 72% of respondents reported easily walking up and down stairs while 23% reported having problems with stairs. Only 5% of respondents reported using walking aids. 16% of respondents (35 people) indicated the interior design of their homes did not accommodate their mobility needs.

Internet: Most respondents were technologically connected with 69% having internet in their homes and 83% reported using the internet at least one hour per week. The median internet usage hours were 5 hours/week.

Part I – Housing

Home ownership

Of the total respondents under 85 years of age, 80% owned their own homes as follows:

50-64 year olds, 80% owned their own homes

65-74 year olds, 78% owned their own homes

75-84 year olds, 81% owned their own homes

57% of respondents live in a single family dwelling; 24% in an apartment or condominium; 11% reported living in a duplex or secondary suite; 3% in a mobile home and 3% reported living in an assisted living facility. Most (81%) reported their home as being the right size for them now. 53% live in an Independent market home while 23% live in a gated or age-specific community. There was representation from a Master Planned project (6%), subsidized projects (3%), mobile home parks (3%) and Native Housing (.4%). Although 45% reported easy access to their homes, 55% reported that it would not be easy, rather difficult or extremely difficult to enter their home if they had to use a walking aid.

Aging Parents

18% (24 respondents) reported their parents already live in Chilliwack. 31% (16 respondents) reported that it was very likely or somewhat likely that they would move their aging parents to Chilliwack. The most appropriate type of living arrangement for that 31% would most likely be: 27% would most likely be moved to an apartment, condominium or house; 46% would be moved to an independent living facility with meals and activities and 27% of them would most likely be moved to a complex care facility.

Future Home

Affordability was reported as the most important reason for renting or purchasing their next place. The expected purchase price for 33% of those between 50-84 year olds \$200,000-\$299,999. 22% expected to pay \$150,000-\$199,999 and 18% would be looking for a home in the \$300,000-\$399,000 price range. (See chart BC 1a) The majority (76%) of respondents planned to use the proceeds from the sale of their present homes to purchase their next home. Others would use savings (20%) or planned to get a mortgage (16.5%) or use some combination of the three choices presented. Future preference of strata environment was: to live with a mixed age group of adults only (48%), within a gated community (41%), in an Assisted Living complex or similar (28%), live in the mainstream community (24%), while 15% preferred living with a mixed age group including children and youth.

Plan to move

Only 28% planned to move and 72% had no long-term plans for moving. The strongest reasons for the respondents to not move were as follows: want to stay in neighbourhood (59%), not wanting change (36%), affordability (18%), not having found a suitable home to move to (16%). The strongest reasons for moving were: not being able to look after oneself (78%); mobility incompatible with home type (76%); could no longer handle required maintenance (57%); to be nearer to services (50%); and to be nearer to friends or family (47%). 33% planned to be moving

to a single family dwelling, 32% planned to move to a condominium or apartment, 27% expected it to be an adult-only project, while 33% (n=41) expected to move to an assisted living facility.

Of those who now rent, the largest number of respondents (30%) would look for a rental for under \$550/mo and 24.4% were in the \$1,000-\$1,499 rental range group. There were 19% choosing the \$650-\$799 price range and of those who rent, 8% (8 persons) currently use the government rent subsidy to help pay their rent.

The most desirable neighbourhood setting was suburban (62%), followed by urban (45%). Rural neighbourhoods were the least popular with only a 14% preference.⁴ Most people 50-84 years of age (54%) chose a home with 2 bedrooms; however one bedroom homes were chosen by 30% of respondents and 14% preferred homes with 3 bedrooms. It was more important to stay in the community than the neighbourhood.

The services or situations respondents felt it was important or very important to live near are as follows:

Family or friends	94%
Others to interact with	93%
Green space (quiet area)	86%
Grocery store	84%
Doctor	81%
Public transit	81%
Hospital	81%
Present community	74%
Walking trails/outdoor recreation	72%
Mall	67%
Library	62%
Seniors Centre	53%
Church	53%
Arts/cultural centre	49%
Present neighbourhood	48%
Educational opportunities	44%
Pool/recreation centre	39%

⁴ Respondents were asked to tick 'all' suitable or 'all that apply'.

Neighbourhood Connections

Although 83% of respondents felt safe in their community, and 78% knew their neighbours, when all four neighbourhood questions were placed in an index, only 43% of respondents felt connected to their neighbourhoods, 43% felt neutral toward their community and 14% did not feel connected. The neighbourhood connection index consists of four statements when taken together are indicators of the strength of an individual's connection to their neighbourhood. The actual range of the index was between 4 and 20.

Design features

See meeting overview notes Wheelchair Access in Chilliwack homes: problems encountered by elderly⁵ and City of North Vancouver Adaptable Design Guidelines for more details (www.cnv.org). Brief overview from interview: Walk-in showers need room for a stand-alone bath chair and without a built-in bench (built-in benches are usually too small and positioned at the rear of the shower where the water does not reach). All doorways need to be wide enough for wheelchair passage and bathrooms large enough to roll wheelchair inside and close the door with the wheelchair inside (pocket doors?). Carpeting is not recommended in units. Entrances need room to position a wheelchair while opening the door. Hallways should be wide enough for a wheelchair to turn into a doorway. Kitchen countertops should be lower and there should be some space for the chair to roll under some of the counters. Rooms need to be large enough to accommodate the wheel chair's turning radius. It was also noted that secure parking for motorized wheelchairs was important to users, either in the hallways, next to their apartments or in a secure underground parking lot in a building with elevators. In the questionnaire, a full 16% of respondents (35 people) indicated the interior design of their homes did not accommodate their mobility needs and 55% reported that it would not be easy, rather difficult or extremely difficult to enter their home if they had to use a walking aid.

Repairs & Maintenance

59% felt they had no housing repair concerns while 10% indicated their homes needed major repairs. Finding reputable service people and the cost of hiring outside help were the prime concerns (47% and 44% respectively). Finding outside help they could trust was cited by 40% of respondents, 32% were concerned with organizing service people to do repairs and 31% with the costs of needed repairs. 29% indicated they needed help with cleaning their home, 28% need help with seasonal yard chores and 23% needed help with gardening. 37% reported needing information on home support services available to seniors in this community and 14% reported that the complex they live in needs repairs. The most prevalent concerns were: 11% cited lighting problems (in hallways, stairwells, etc.), 11% cited unspecified problems with water and 9% cited mould as a concern in their rented or leased home.

⁵ Appendix II Wheelchair Access in Chilliwack homes: problems encountered by elderly

Part II – Outdoor Spaces and Buildings

Although 64% of respondents were satisfied or very satisfied with the cleanliness of Chilliwack, seven respondents felt there was enough of a problem to comment on it in the comment section of the questionnaire. Noise levels were not a concern for 48% of the respondents, however sirens running on for long periods was noted as a problem at the open forum discussions. Only 19% felt the air quality was satisfactory. Not enough seating in parks or shelter from elements were cited as the reasons for least satisfaction. However, most were either satisfied or very satisfied with the public parks.

Walkability

For 57% of respondents, having no sidewalks in their neighbourhoods was not problematic. What was seen as either problematic or very problematic were: snow removal from sidewalks by 53%, not enough resting spots by 44%, safety walking at night by 44%, and poor street lighting by 34%. 79% felt walking during the day was not a problem. 72% felt safe crossing the streets near their home. The strongest concerns regarding pedestrian safety were that drivers do not respect amber or red lights (56%) and vehicles will not stop for pedestrians in a crosswalk without a light (56%). 100% of respondents reported easily hearing the walk signal. Although most respondents felt safe walking on sidewalks during the day, there were safety concerns with sidewalks which included snow removal; 53% saw this as problematic and this questionnaire was presented well before the snow storms during the winter of 2008-09. Other safety concerns were feeling unsafe walking at night (44%), uneven sidewalks (41%), obstructions (38%), sidewalk lighting (34%), marking of curb cuts/let downs (29%). Insufficient resting spots along sidewalks was problematic for 44% of respondents, having no sidewalks in their neighbourhoods was problematic for 36% and dog waste along sidewalks was problematic for 33%. Other problems were: sidewalks not always on the same side of the road (28%), sidewalks on only one side of the road (26%) and frequency of trash pickup from containers (26%).

Public Building features

Only 35% of respondents were satisfied or very satisfied with the number of disability parking spaces near the buildings they need to access. Only 40% felt there were adequate public washrooms available to them. All other building features received a satisfaction rating from at least 60% of respondents. Satisfaction with the number of parking spaces near buildings and offices was only 58%. This is not surprising as 86% of respondents reported usually using their vehicle to travel around the community.

Part III – Transportation

The majority of respondents used a personal vehicle for transportation (91%) (reported they either drove themselves (86%) or some family member takes them (6%)) while 3.4% normally walked and only 2.4% took the bus. Transportation concerns were not reported by those who drive but the one respondent who relied on a shuttle bus was greatly concerned. Those with mobility concerns also reported transportation concerns. 69% of respondents worried about

transportation alternatives if they lose driving privileges and only 20% reported there were adequate alternatives to driving. Almost half of respondents were aware of how to apply for a Disabled parking permit. The most cited reason for not using alternative forms of transportation was preference for using one's own vehicle (79%), infrequent busses (43%), taxis being too expensive (28%).

Part IV – Social Participation

Ninety-one percent of respondent reported connecting to the outside world by leaving their home to do something. Of those, 90% leave the house for appointments, 86% to shop, 82% go and visit a friend or family member, 72% go for a walk, with the least number of respondents leaving the house to participate in a sport (34%) and other (24%) unspecified activities. They also connect to the outside world by watching television (89%), telephoning family or friends (83%), and inviting people to their home (65%). Only 63% reported listening to the radio. When asked what prevented socializing, 34% of respondents said it cost too much, 28% said it was scheduled at the wrong times, 23% reported lack of a companion, 23% had noise level concerns, 19% reported finding out about an event too late to make arrangements, 19% reported a lack of suitable opportunities to meet others, and 18% reported mobility issues. 43% were unhappy with television programming. On the ten point participation index, there was little agreement (37%) with the choices provided for what prevents participation in activities outside the home. However, when asked, 'if it were free', it became apparent that smaller, well-organized (with personal invitations), interesting, neighbourly opportunities to know, understand and help others showed the highest responses. Respondents reported they would go out more often: if it interested me (85%), if I was personally invited (62%), if it provided opportunities for me to interact with others (59%), if I would be helping others (53%), if I learned something about another culture from my neighbourhood (49%), if it was nearer my home (47%), if it included a mix of age groups (47%), if it was planned and well organized by others for me (44%).

Activity Preference

Respondents (77%) preferred recreational events (gaming facilities, movies, vacations) over social outings (71%) (meeting for coffee, going to Senior's centre). 69% preferred cultural events while 43% preferred sports (watching and participating).

Main shopping areas

The shopping areas with the most responses were identified as: Cottonwood Mall/Chilliwack mall area (n=178), Superstore (Luckakuck Way East of Vedder) (n=94), Save-on-Foods Plaza (n=71), Downtown (n=60), Southgate (n=57), Salish Plaza (n=56).

Visit most

69% of respondents reported visiting people out of town most, 43% went to Sardis to visit, 40% went to the downtown area, 36% to the rest of Chilliwack proper (including Little Mountain and Fairfield Island), 23 % to Promontory and 21% visited most in the Vedder area.

Outdoor/Indoor Recreation

This open-ended question asked respondents to tell us where they go most often for both outdoor and indoor recreation. Multiple responses were presented. Responses were grouped and when more than one response was provided, the first response is the one used. Outdoor recreation areas ranged from country roads, walking downtown to driving to other provinces. Indoor responses included visiting friends, the Legion, pubs, dinners out, renting movies and going to private clubhouses along with the public parks and buildings presented here. 18% reported Rotary Trail/Vedder Road Trail/Trans Canada Trail as their main outdoor recreation area and 18% reported walking in other areas. 11% went to Cultus Lake to play golf, swim, walk or other. 10% reported going to other parks or unspecified parks. The largest group, 20% chose other activities like those mentioned above. Indoor recreation destinations were also scattered with 17% grouped as other. 10% reported the Cheam Centre/Chilliwack Family YMCA as their primary place, 8.4% reported Senior's Centre/Community Centre/Hall/Evergreen Hall as theirs and 8% reported Prosper's Centre or Cottonwood Mall/shopping as their primary indoor recreation. 6% of respondents each reported going to: Church, Chilliwack Landing Leisure Centre, or The Landing Sports Centre (Ag-Rec Centre).

The most popular sport/leisure activity reported was walking/hiking (67%). Others included swimming (20%), golf (19%), cycling, spectator sports and dance (about 15% each group) with other activity frequencies below 10% and 68% used a personal vehicle as the most frequent method of transport used for the recreational activities.

Part V – Respect and Social Inclusion

An overwhelming 93% felt that overall, most people show them an acceptable level of respect in this community and felt that the businesses they frequent treated seniors well (74%) with most rude or disrespectful behaviour coming from youth (37%) and 20% from business or shop staff.

Part VI – Civic Participation and Employment

96% of respondents reported voting, with 88% participating in municipal elections and 98% voting in provincial and 97% in federal elections. As a way to remind participants of their voting power we presented them with some possible election topics. Those that received most responses included: decreased wait times for appointments with medical specialists/operations (90%), more and broader coverage for medication costs (88%), higher personal tax exemptions (86%), more tax credits for seniors (86%), lower MSP premiums (82%), social benefits for seniors (74%), increased Home Owner Grants (69%), Seniors' Centre and related community services for seniors (63%), increased Home Care supports (60%), free/reduced transportation rates (59%). Only 36% were interested in broader rental subsidies.

Employment

Most of the respondents were keeping active. 40% were retired and volunteering and 15% working either full or part time. 19% were retired and either working for pay (7%) or retired and working but not for pay (12%), and 24% were fully retired. However 21% said they would be interested in paid work if it were available.

Part VII – Communication and Information

Upcoming events

When asked how respondents learn about upcoming events 99% read about events in the local newspaper: all of the time (28%), most of the time (55%), some of the time (16%). 92% reported posters advertising the event, 88% heard about them through discussions with family/friends/colleagues, 86% heard about events through friends telephoning them, 76% received a notice in the mail and 75% by watching TV. Family members phoning scored 59%, 58% learned through email notices, 55% hear about events on the local radio station and 42% turned to the internet. This emphasizes the importance of local newspapers as the way to keep community members informed and the importance of literacy skills in community building.

Past events

Information that affected participants in some way were learned through: a newspaper article or story in a local paper by 93% of respondents, 92% learned through discussions with a friend, family or colleagues, 71% learned through a TV show or news broadcast on channels other than the local one, 64% read about them in a regional newspaper, while 63% learned through attending a public function (course or meeting), 52% learned through the medical profession, 46% learned through a show on the local TV channel and through visiting a web-site or the internet.

Preferred communication channels

Upcoming events were remembered best if the information was seen printed in the newspaper (85%), 80% remember best if someone told them about it and 82% reported remembering best if they read about it and heard about it, 58% reported printed flyers, 54% reported remembering best if the information was printed on posters. 49% needed a copy of the information to reference later and 42% of respondents wanted it presented to them several times and only 33% reported receiving email notices and email reminders as working best as did those who heard it on the radio. Not every home had internet access. This may partially explain the lower response rate for email reminders.

Part VIII – Community Support and Health Services

Home Care

Only 9% (n=22) reported using Home Care services in the past year. Of those, most found the service very helpful (38%) or somewhat helpful (13%). Two respondents (5%) found the service not at all helpful. Most (73%) respondents were aware of programs and services available to seniors through Fraser Health and of the procedure for applying for these health and personal support services. However, only 32% were aware of how user fees are calculated for these services.

Residential Care Facilities

Only 19% of respondents (n=212) would chose to live in a large (over 50 residents) residential care facility, 68% would chose a small one with fewer than 50 beds and 12% would choose something other than the above two choices. Only 20% of respondents were aware of the steps needed for placement in supported care and only 16% were aware of how monthly costs are calculated. Awareness of wait times and wait lists was higher at 26%. 52% of respondents reported visiting someone in either assisted living or in supported care during the past year and of those, 39% thought they would enjoy living in it if they could no longer live on their own, 23% would not and 25% were undecided.

Reasons to not move to an Assisted Living or Complex Care facility were as follows:

High costs of non subsidized units	60%
Unwilling to move from community	51%
Psychological feelings of loss of independence	51%
Separation of couples	47%
Stories of mistreatment in care facilities	45%
Long wait lists	37%
Restrictions to independence	33%
Pet restrictions	29%
Dislike environment	29%

Other Community Supports

Services that would help individuals age in place were scored as follows:

Handyman services	63%
Income Tax preparation	61%
Housekeeping	57%
Yard care	53%
Gardening	50%
Being picked up and taken to planned events	43%
Filling out forms	39%
Grocery shopping	35%
Preparing meals	32%

Many felt they needed more information on: health programs and services (63%), government programs and services (60%) and community programs and services (51%). 18% needed information on assistance equipment (wheelchairs, lifts, etc.). Still 30% of respondents felt they were well informed.

When respondents were asked to think about their future senior needs and what they fear most, they indicated the following:

Losing my independence	90%
Declining mobility	82%
Declining health	82%
Losing my driver's licence	76%
Needing to move to more suitable housing	63%
Growing old alone	62%
No one to care for me	57%
Financial concerns	51%

On the Fear Index, 41% of respondents had some level of fear about their future and 6% had none. The remainder (53%) reported feeling neutral on the topic. The fear index consists of eight statements when taken together are indicators of the strength of an individual's fears. The actual range of the index was between 8 and 40.

Conclusions

Although the results of this study answer many questions, they also direct us to another layer of questions that could possibly help explain some of the contradictions found within the responses. The following are some of these contradictions that lead to more questions and the need for continued research on this most important topic; ways to develop the age-friendliness of Chilliwack.

Important findings

90% of respondents feared losing their independence, 82% feared declining health/mobility and 76% feared losing their drivers licence. Only 13% planned to move over next 3 years and most reported no long-term plans for moving. What is the reason for choosing to remain in their present homes even though 55% reported difficulty entering their home with a walking aid and problems with stairs? They also established that it was important to be near family/friends, others to interact with, green space, grocery store, doctor/hospital, transit. Does their choice to not move depend more on being close to people they know and areas with more green space than on being closer to services? Can new, more appropriate housing fulfill these needs?

Social: The importance of friends and family for companionship and for helping was repeated throughout the responses. Any future housing will need to include opportunities for building on these friendship networks along with providing opportunities for building new ones. It is disturbing to see that respondents in Assisted Living still fear there will be no one to look after them. How do we interpret those responses; that the staff, families, and friends are not being seen as caring? Why do these residents feel uncared for when this type of living arrangement is being seen and marketed as a safe place to create new friendships and an opportunity to participate in planned programs and activities while being cared for?

Information: There is a need for more information gathering of programs and procedures that will provide opportunities for seniors and the next generation of seniors to plan for their retirement in housing type, (perhaps one that changes with occupants' changing needs) and to take a realistic look at the realities of the aging process including mobility reduction, costs for services and others. These results also point out the importance for seniors to make changes now, while they can, so that others will not have to make decisions for them later (through which the senior will likely experience the feeling of loss of independence – one of a senior's greatest fears (90%)).

Need for planning ahead

Better choices require awareness of options available and costs involved in buying/renting alternate forms of housing (smaller houses, apartments, Assisted Living units). Chilliwack has a total of 100 funded Assisted Living units. The cost to a senior is 70% of after-tax income;

average contribution is approximately \$1,100 per month which includes accommodation, hospitality and care. The range of private rents can be from \$1,800 to \$2,800 or more per month for (assisted living) accommodation and hospitality but does not include care. What other housing options are available once mobility impairment and problems with health are factored in?

Once all situations and options are known and considered, the well informed senior (or soon to become one) is in a position to make decisions and plan their future living accommodations, including whether it would be best to rent or buy a more suitable property. If seniors would like to will their properties to their families, there may be more interest in relocating to more suitable purchased homes if they were available and they met the criteria of: smaller, reasonably priced, convertible housing in suburban neighbourhoods, near green spaces, transit and amenities that offered opportunities for making new friends and keeping old ones.

This gives rise to the need for a resource person that is part of a group or agency with whom seniors can confide their present situation to help them sort through their options allowing them to make plans for their futures while still able. Another resource seniors and those caring for seniors would benefit from would be an on-line resource that offers step by step information on what to do and whom to contact for each service (a pathway to navigate through the programs and procedures) to help seniors as they begin to need more care.

As one respondent indicated in the comments section of her questionnaire; I am now aware of my need to make plans about their future; so where do I turn next for help?

Recommendations

Short term considerations

1. Modification to the city's housing policy that encourages age-friendly or flexible housing that also provides green spaces and walking paths.
2. Work with community partners to inform builders and developers of seniors' needs for age-friendly, flexible housing located within the urban growth boundary that meet the requirements and expectations of those who are seniors now as well as the needs of the new, larger wave of those nearing retirement age: one and two bedroom homes on a small piece of land in these areas with room for a pet and clothesline that has few or no stairs, located near family and friends, bus routes, grocery stores, doctors' offices; a place with many green spaces and walking trails where seniors feel safe. Although few or no stairs will only be achievable in areas outside the floodplain, perhaps additions of ramps could be considered as later add-ons, and new home designs chosen that will easily accommodate these later modifications if they become necessary.
3. Review bus transit routes to consider modifications of present routes to incorporate places where seniors congregate as well as a once a week bus to outlying areas not now on a bus route that will connect more rural areas with services in urban areas (including doctors' offices, grocery stores as well as shopping areas).
4. Work collaboratively with local agencies and seniors groups to identify opportunities within available structures within: community schools, businesses, public recreation facilities or perhaps unused retail space at local malls to dedicate a space that will accommodate social needs of seniors incorporating areas for socializing, playing cards, chatting, and exercise. Once established, incorporate a small satellite library that offers a selection of books and provides a drop-off location for returning borrowed library items.
5. Work collaboratively with local agencies, recreation facilities, businesses and community partners to create a 'Senior's Access Passport'. Passports can be purchased through agencies such as Community Services, the YMCA, Prospera Centre, and others and will allow entry into predetermined events as well as seniors' programming activities with no additional fees.
6. Develop a centralized system or place for seniors to gather information to learn about: new government programs, new classes offered in the community, etc. This could be a page in the local newspaper that focuses on age-related topics. This page could be written in larger font and be subsidized by advertisers that cater to age-related or mobility-related aids. This page could also include a schedule of activities catering to seniors such as Elder College registration times, seniors' centres special events, community teas or meals. It could also include a list of community centres that hold seniors' activities and meeting times.

7. Develop a position for a Retirement Planning Consultant through an existing agency. The objective of this planning specialist is to empower clients by providing them with realistic housing options based on personal information using their income and objectives (using home equity to support their future health needs or willing property to family, etc.) From this planning session, the client will be able to make decisions and concrete future plans while still able. This specialist will meet with seniors (and those not yet seniors) on a one-to-one basis and look at different options based on age related needs (such as being close to friends, family, green spaces and walking trails as well as nearness to services due to loss of drivers license), mobility related needs, and income related scenarios, sort through their housing/moving options, current and future mobility needs, income and costs involved with each potential choice and present them with realistic options as to what they will be able to afford and the type of housing they should be looking for and its ideal location.
8. Develop a website with a step-by-step approach to dealing with problems that arise throughout the aging process and where to turn for the next level of help or information needed. This website to include definitions of terminology, an overview of the procedures of these various agencies and local contact information.
9. Continued research

Long term considerations

1. Encourage the continued building of a data bank of information accessible to all agencies to help these agencies create programming using this information. The data bank could include follow up information from workshops, forums and current programming. This information could be used to: ascertain what is missing in the community and help to develop new topics such as: nutrition profiles for seniors (where do they shop most often for food when living near convenience stores).
2. Encourage partners and agencies within the community to work with the University of the Fraser Valley to develop a program or course that supports a Gerontology specialty. Relevant agencies could contribute information from their perspective that helps to build a course that informs care givers or students about an aspect of Gerontology.

Appendix 1:
Summary of problems / concerns / issues regarding Age-Friendly Cities

From discussions in facilitated focus groups at two Community Forums
August 26, 2008 and August 28, 2008

Prepared by:

Chilliwack Social Research and Planning Council
for

City of Chilliwack

Age-Friendly Cities Project Committee

Summary of problems / concerns / issues regarding Age-Friendly Cities

1. Needs for living well

1.1 Master planned community_- incorporating all the needs for aging-in-place including:

- pedestrian only zones
- night-time safety
- services, shopping, parks
- community centre with sports and activities
- look to other areas for their plans and adopt
- Arizona resort - style communities

1.2 Transportation needs:

- smaller buses running more frequently to specific locations such as grocery stores, shopping areas, community centres, doctor's offices and back home again
- need for bus drivers to be aware of senior's needs
- volunteer drivers program
- centralized information line to call for bus information, stops, schedules, routes
- Taxi-saver information/eligibility

1.3 Housing needs that support aging-in-place:

- legislated building standard to promote age-friendly, flexible housing design among mixed-age housing options
- age-friendly housing: no stairs, level entry/ flexible housing design
- small yards for pets and clothesline
- affordable rents/purchase
- co-op or supported housing options
- assisted living options throughout various neighbourhoods with day care/nurse/meals
- tax incentives / indexed pensions that promote aging in place
- grants for fixing homes

1.4 Information needs:

- centralized information gathering and dissemination area including:
- a person who can answer verbal questions
- lists of social organizations/clubs to join
- prevention information

- provides internet help
- information on subsidies available to seniors
- newspaper page – senior focussed including:
- relevant advertising for seniors
- written in larger type
- includes a column covering topics of interest to seniors
- library services on both sides of freeway

1.5 Participation:

- a Seniors' Pass – purchase of which would allow entry into all community-based programs/activities to help meet the need to exercise, socialize and participate

1.6 Social/Companionship

- need for opportunities that promote psychological, emotional and mental health:
 - places and opportunities to interact, play cards, chat such as:
 - seniors' centres/community centres
 - easily accessible libraries
 - programming: sports, activities
 - matinees at local theatre
 - better use of school facilities – open in evenings for community use

1.7 Health services/Community supports

- to have services available in more neighbourhoods
- need geriatric sensitive doctors
- need more services through Home Care
- need longer appointment times with doctors
- need more help for couples to remain in their homes longer – fear of being separated once needs increase and are moved to alternate housing – transitional aging

1.8 Seniors' coordinator

- to arrange transportation to events/shows/dances
- to organize activities
- transportation coordinator

1.9 Safety

- gated communities for security

1.10 Image

- a better image-of-aging needs to be created through intergenerational interaction promoted culturally and in schools

2. What's working well

Many choices for age-friendly activities

- sports, recreation
- many active social groups of seniors
- YMCA good for socializing
- Prosper Centre is age-friendly
- culturally rich community – symphony
- parks, walking trails – feel safe
- many activity centres
- climate controlled environment
- ease of shopping

Many resources

- Meals on Wheels
- Rehab shop
- Red Cross
- Wheelchairs unlimited
- pension cheques
- Elder College
- Central park positive complement of downtown with neighbourhood concerts
- information kiosk at Mall
- church

What's not working well:

Transportation

- no shuttles taking seniors to malls, to recreational activities and back
- no rapid transit to Abbotsford
- need more HandiDart
- no HandiDart at night
- need better transportation to/from seniors' areas
- transportation routes not going to places frequented by seniors
- taxis too expensive
- transportation concerns to medical appointments in Abbotsford and Sardis

Pedestrian safety

- need more sidewalks
- need even sidewalks without obstructions (poles, shrubs)
- longer walk signals/lights
- dangerous crossing Vedder Road
- safety for scooters

Information

- no centralized information source

Housing

- apartment managers won't rent to people in wheelchairs

Social

- conversation centre

3. Challenges with existing services

Caregivers need:

- respite services
- help for seniors who are caregivers
- to be working closer with doctors
- help planning for caregiver space in home, grants to pay for it

Health services:

- need dental coverage
- need all health care and prescription costs covered without paying premiums

Social events – challenges:

- transportation to and from events – social, sports
- safety concerns with going out at night
- more day time events
- more social events:
- dances, teas, singing, physical exercise
- entertainment at Seniors' Centres
- community-planned meals for socializing, sharing information, learning
- larger Seniors' Centre -- ask service clubs and all levels of government to help

Awareness

- Need ombudsman, advocate, information line that speaks English well/one-stop-shop idea

Lack of Respect

- discourteous cashiers
- rude and angry bus drivers

Home Maintenance

- Handyman services - bonded, trustworthy, - knowledgeable
- grants to finance home repairs

Financial

- fixed income concerns
- affordable housing
- stress/health concerns relating to poor income levels
- tax base should be raised to help seniors deal the rising expenses

Transportation

- to medical appointments out of the area

Patience and compassion – we all need it

4. What do service providers need to know that they don't know?

About seniors

Seniors:

- are aware of the need to plan for their future but need non-family guidance to help them sort through the issues/concerns/options available to them
- require privacy and control over their private matters
- are nice people
- are fun, smart individuals
- don't like to be called 'dearie' or 'lovie'
- need to be talked to directly, do not talk to the caregiver about the senior as if they exist in some other form
- 50% of seniors are caregivers and caregivers need support
- need bridges - to find ways to avoid isolation
 - for ways to interact with youth and other age groups
 - to encourage seniors to share their talents
- need information on health eating

Care Homes

- need to improve food served to residents
- need to plan age and interest relevant activities
- need recreation directors that focus on age relevant activities

Community meetings

- loud town hall groups do not work, facilitated focus groups (each in a separate room) work better

Social gatherings

- should be planned around food in a hall with entertainment brought in

5. Best ways to get information to seniors

- local newspapers (Seniors page dedicated to seniors: advertising, issues, column, information)
- Shaw Cable: dedicate a half hour/hour to senior issues, activities
- Electronically on the web
- Lounge Lizard
- Kiosk in mall
- Library
- Seniors magazine

- Doctors offices
- radio – seniors listen to Vancouver stations too
- phone trees
- retirement organizations
- dish networks
- more social service people working with seniors

6. Perception of future living conditions/ lifestyles/ services for future retirees

- Seniors need to interact with others at their own level. Knowledge of different levels /stages of aging and age groups will help address the age gap and facilities will incorporate this into their design/ function.
- Next generation of seniors will be:
 - healthier → need more activities
 - expect more activities / choices / entertainment
 - less worn out
 - live longer due to medical advancements
 - living in more depressed circumstances – they are more wasteful
 - optimistic
 - more computer literate
 - retiring later due to cost of living
 - need less expensive housing
- Living conditions will be more expensive
- need bigger pensions

Community level:

- greater volume of retirees will require more services – less funding
- more public transportation
- more neighbourhood services
- personal services provided at reasonable costs (personal shopping)
- larger variety of food services, barbering, hair styling
- improved extended care facilities / programs
- cleaner air
- will be more pet-friendly

Advice to those approaching retirement

- need to be proactive at keeping involved in/with the community
- need to get involved in activities before entering the senior years

7. How do current retirees foresee their situations in the next 10 years in terms of health, housing, social life and service needs?

Positive

- more adaptable housing to aid aging-in-place
- building codes changed to be age-friendly
- shortage of seniors' residences
- more flexibility in rules about bringing in outside food to people living in Care Homes
- 'green' action moving forward (recycling, cloth shopping bags, etc.)
- need for intergenerational activities recognized and implemented
- more small gardens and help with them → healthier food
- if seniors recognize the need to work part time after retirement
- if seniors recognize the need to help each other
- Churches help connect people within their community

Negative

- more pollution
- worry about pension income not keeping up with expenses
- taxation
- government claw backs
- greater need for health services with smaller budgets
- concerns with Senior government ministry(s) – federal and provincial

8. Who should ensure housing is adaptable to allow aging at home?

- government should create standards
- taxpayers should demand this
- building planners
- municipality to advocate for local seniors
- grants should be provided to renovate or build a suite
- provincial responsibility / municipal and provincial governments should work together
- family should be responsible with help from government grants
- personal responsibility / family responsibility
- building types should include a mix of Assisted Living, Co-ops for all ages, concrete buildings for safety

9. Should seniors and future retirees assume an active/direct role: establishing their needs/priorities in

the political arena; building age-friendly housing and facilities; and delivering services that enable aging in place and in community? Who else needs to be involved?

Establishing needs:

- Seniors need to be more aware and advocate but not all are able to volunteer
- they should be very involved / seniors are very involved and everyone should be involved
- there should be a seniors' advocate to lobby for their needs or need to know what lobby groups exist
- need more senior advocacy groups, advocate as groups, vote is not enough, seniors need more input
- community at large needs to look after seniors needs, can't depend on the government for everything – but family support systems have changed with smaller families living farther apart
- seniors need to help seniors – neighbour helping neighbour
- Seniors' needs to be incorporated into all programs (like AARP advocates /travel info)
- Building age-friendly housing is market driven – need to educate realtors and developers
- City of Chilliwack needs feedback to make builders accountable
- seniors need to feel safe – for some, institutions feel safe

Service needs:

- encourage youth to play supportive roles where possible
- more educational options now encourage youth to stay in this community
- seniors need to be more aware, have more access to social activities and services
- seniors need to take initiative to invite introverted out

Who else should be involved:

- ombudsman
- churches
- service clubs
- resource centres

10. Who should be responsible for what? Where is the balance of responsibility among government, community, family/friends and individuals in taking care of seniors? Who should pay?

- we will look after ourselves

- families / churches / combined
- seniors have paid all their lives so they shouldn't have to pay more
- encourage youth to play supportive role where possible
- can't depend on government for everything
- community at large needs to look after seniors' needs
- need a seniors' advocacy group
- businesses need information
- need co-op housing for people of like interests
- keep costs down
- municipal level – information gathered can be shared with other communities

APPENDIX II

Wheelchair access in Chilliwack homes:

Problems encountered by elderly

From verbal report provided by
Ken Jerome, Occupational Therapist
Fraser Health
October 14, 2008

Prepared by
Chilliwack Social Research and Planning Council
For City of Chilliwack Age-Friendly Cities Project Committee

Wheelchair access in Chilliwack homes: Problems encountered by elderly

Stairs:

- no government funding for building ramps into homes (not considered a medical necessity)
- many homes have bedrooms and bathroom with shower/tub on different level from kitchen, living room areas
- need railings on both side walls of stairs
- problems for people with walkers (those that can afford it, have two walkers, one on each level)
- impossible for people with wheelchairs
- stair glides/lifts costs prohibitive for most

Elevators:

- usually no problem in newer buildings
- some older, 2-storey walk-ups have no elevators (on McIntosh Drive)
- some older elevators too small for wheel chairs or scooters
- some older elevators have no sensors so will close on slower seniors getting on-off, can easily knock them over

Scooters:

- no safe outdoor parking
- too large for most elevators
- need to find indoor parking facilities

Door ways:

- in apartment buildings:
- heavy glass entry doors: very hard to use key, open door, keep it open and push walker or drive scooter/wheel chair through
- similar problem with hallway fire doors
- in suites/homes:
- too narrow for wheelchairs to turn corner from hallway into bathroom or bedroom
- a wheelchair with a 20" seat needs approx. 30" opening for a straight on entry; if turning a corner, needs a wider turning radius (length of wheelchair is also part of the problem)
- some users need to remove the foot pads to be able to make turns
- some wheelchairs need to be pushed through doorways because there is no room for hands to self-propel chair through doorways in

some cases, doors themselves need to be removed to allow wheelchair access (privacy issues)

Kitchens:

- often difficult to reach into higher or lower cupboards
- wheelchairs need open workspace below counter
- dangerous reaching across burners on stove to reach controls located at back – need low, front knobs

Bathrooms:

- usually most difficult room in house
- usually a very small doorway and limited open space once inside;
- if in wheelchair, may not be able to close the door
- no room/little room for care aid/helper
- most toilets too low, need risers
- need grab bars or hand rails on both sides of toilet
- bathtubs:
 - very hard to get down into and out of
 - can be unsafe just stepping into and out of
 - need grab bars
 - most need shower stools and hand showers
 - sliding shower doors block access and must be removed
- shower stalls:
 - better than tubs but not good if they have a built-in seat, which takes up room and leaves little room for portable shower chair, also too low and small to sit on
- towel bars need to be replaced with grab bars

Laundry:

- need front loading washers

Flooring:

- thick carpeting is very hard to propel a wheelchair along although good if one falls
- elevation changes in flooring between rooms are a hazard and harder to roll wheelchair over
- best to have even, smooth flooring throughout

Lighting:

- often lighting in hallways, stairwells, underground parking, outdoor walkways is dim, need bright lighting
- many older homes have few electrical outlets and telephone outlets and extension cords and phone cords are often found laying across floors or hanging from ceilings – hazardous

Non-structural:

- loose floor mats (scatter rugs) are easy to trip over and walker wheels get caught in them
- too much furniture/clutter blocks easy access for walkers, wheelchairs – also tripping hazard

Community:

- lack of or improper curb cuts
- sidewalks with broken cement or unlevel areas between sections or large cracks are all hazards
- older public buildings that lack a ramp or elevator

APPENDIX III

Summary of Written Comments:

Concerns about and suggestions for improving Senior Years

From Questionnaire Participants
- Age Friendly & Quality of Life Questionnaire 2008

Prepared by:

Chilliwack Social Research and Planning Council
For City of Chilliwack Age-Friendly Cities Project Committee

Summary of Written Comments: Concerns about and suggestions for improving Senior Years

Cost of living / Affordability

Concerns

- Income
 - Pensions not keeping up with cost of living; Some seniors have no pension (stay at home mom, self-employed working at 69)
- Living costs too high
- Complex care (50% of pension income); Rental (39% of income not including utilities etc); Assisted Living (\$2000/pp out of reach)

Suggestions

- Provide discounts for seniors
- Support seniors' participation in fitness through income tax deduction for fees
- Increase pensions to keep up with cost of living
- (Increase more affordable forms of housing suitable for seniors of all abilities)

Health care services

Concerns

- Home Health excellent but seniors need more continuous help
- Need a physician who specializes in gerontology and others who have time to listen
- Lack of controls within assisted living homes
- Management not responsive to residents' needs, medications, foods, etc;
- Staff conduct - instills fear in patients
- Challenges with accessibility
- Lack of awareness about who to contact for assistance
- Perception one has to be aggressive when asking for help from agencies
- Requirement to be on medical service plan to get assistance questioned
- Difficulties understanding agency staff when trying to get service information – staff don't speak English

Suggestions

- An MD specializing in geriatrics who has time for seniors
- Keep seniors involved and informed about their options when unable to live alone.
- Make assisted living facilities accountable through regular checks, ensure staff are knowledgeable about residents' needs, compassionate to resident's needs.
- Ask families what they are able and willing to do to keep aging folks in their homes longer
- Provide an afternoon of current information of health, home care, care facility entrance etc for seniors group in Columbia Valley (12 members 55-92)

Housing

Concerns

- Accessible housing design
- Affordable housing
- Housing choices, including for
- pet owners

Suggestions

- Move older people to lower floors
- Increase affordable seniors housing
- Provide rooms large enough for couples to stay together in a care home
- Provide Senior's apartments that accommodate pet owners.
- Government subsidized housing for elderly
- Seniors co-op housing - pay according to income
- Increase green space around and within multi-housing projects
- Improve housing design to accommodate less mobile seniors
- - Create more, smaller 'home-like' care homes following Abbeyfield housing model of cooperative living
- Require builders to provide accessible residential buildings
 - Wider hallways, accessible entry, less carpeting, handrails, bathroom friendly tubs and showers, stove and counter tops extended forward so a person in a wheelchair can cook.
- Encourage remodel or new construction of houses so 4-6 can live independently as a family group, instead of an institution.

Seniors recreation/social

Concerns

- Community amenities and programs are needed for seniors' mental and physical health

Suggestions

- A 'Seniors Park' like Tsawassen's Lions Wellness Park
- Provide amenities in Sardis – library, resource activities
- Provide a central senior's centre, with a variety of programs that also serves as a meeting place. Good example: "Dogwood" Coquitlam Maple ridge etc
- Organize a weekly or bi-weekly meal at a senior's hall. The meals could be made by groups (church, woman's institute etc), with entertainment, speeches, representatives from government (This will reduce elders going to the hospitals (stress), provide more information for elders, a better outlook on life, less loneliness etc.)
- Advertise seniors resources, events, programs, activities weekly in newspaper

Transportation

Concerns

- Bus service limits mobility
- Promontory service wait- times not adequate to attend appointments/shopping etc. (Have to wait for hours to get a bus home)
- Yarrow: would use public transport if it were available and close to home
- Problems with auto-oriented development
- Many buses have only 3 or 4 passengers

Suggestions

- Provide more bus routes from outlying areas and complexes
- Use smaller buses and provide more frequent service

Safety

Concerns

- Pedestrian Safety
- Bikes / biker conduct – ride on sidewalk, against traffic on road, are silent and fast, surprising senior pedestrians, lights & reflectors not used at night
- Motorists impatience is disconcerting – danger for seniors to hurry through crosswalks
- Youth conduct on public sidewalks (not allowing seniors to pass)
- Crime, perception of crime
- Drug problem out of control
- Downtown feels unsafe, not clean, not getting better
- Inadequacy of justice system in dealing with home invasions, vehicle break ins, physical abuse

Suggestions

- Change justice system: make judges more accountable, issue stiffer penalties
- Get welfare recipients back to work
- Deny welfare to drug users
- Clean up downtown
- Clean up all of Chilliwack so people feel safe from vandals on the street.

Open Space and Building Accessibility

Concerns

- Inappropriate placement of handicap buttons for access to buildings
- Some sidewalks are overgrown with trees/ shrubs and/ or property owners tree's hedges

- Public venues inaccessible, do not cater to those with hearing loss – curtails senior participation in activities
 - Prospera Centre, Evergreen Hall, G.W. Graham Theatre, Arts Centre etc
 - Accessibility to important services such as grocery stores, doctors, dentists, banks, optometrists

Suggestions

- Locate handicap button on same side that door opens
- Improve accessibility for mobility or hearing impaired

Community

Concerns

- Lack of quiet, clean, reasonable dining/ public facilities.
- Lack of farmer's market in this area for local produce
- Most amenities are on the north side of the freeway

Suggestions

- Provide more "walking paths" to encourage people to walk more.
- Provide more "green space" e.g. parks with flower gardens
- good examples: downtown park by Central School, flowers and bushes at "5 Corners Plaza"
- and new Courthouse.
- Increase greenery, hanging baskets on Wellington Avenue
- Boulevard would be beautiful with outdoor café seating in summer

Survey/Project

Concerns/comments

Questionnaire

- too long, with confusing choices for people with dementia
- questions difficult to answer for young seniors – hard to relate to, does not relate to active lifestyle of younger seniors
- not enough coverage for hearing loss
- very detailed – may be difficult for seniors to complete accurately
- interesting and helpful in alerting seniors of the necessity to plan for future situations

Open House

- chairs not adequate for seniors
- microphone should have been used to accommodate hard of hearing
- need decaffeinated coffee as well as regular

- need sugar substitute
- break-out sessions should be in quieter place
- purpose of survey not fully understood
- concern over expense of project
- concern over this project's ability to improve living conditions for seniors

