

THE CITY OF EDMONTON COMMUNITY SERVICES

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Aging in Place Study



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Executive Summary

Purpose

In 2007, Edmonton City Council asked Community Services Department to undertake a study of residents over the age of 80. Aging in Place Study is the report of that study. Council's request resulted from its review of the roles of the city's seniors' centres and data predicting high growth in the age group 85 years and older. Council concluded that the needs of more elderly seniors were different than those of younger seniors, and that the older group was potentially more at risk. The study was designed to identify the needs of older seniors, review current services in light of those needs, and offer recommendations on how to meet the needs immediately and in future.

Methodology

Guided by a Steering Committee the consulting team gathered data using several methods: ten focus groups with seniors and two with service providers; face-to-face interviews with seniors; a focus group with 17 "experts" from seniors' organizations the University of Alberta and Capital Health; and a literature review of approaches to 'aging in place' and program delivery in other jurisdictions.

A total of 148 seniors participated in the focus groups. Three-quarters were women and just over half (55%) were 75 years or older. Fifty-eight percent lived alone, and 79 percent owned their own home or condo. Individual interviews were held with 20 seniors not regularly connected with a seniors' centre and thought to be more "socially isolated." Three-quarters of the interviewees were women, and 14 were over 75. Thirteen lived alone and eleven spoke a first language other than English.

Population Trends

Canadians aged 85 and over represent the fastest growing segment of the total senior population. In 2006 in Edmonton there were 10,625 people over 85 (7,385 women and 3,240 men) and a further 13,060 between 80 and 84 (8,040 women and 5,020 men). Projections indicate that, by 2030, the number of Edmontonians over 80 will have increased by 158 percent. Women presently account for 70 percent of all seniors over 85; however, the life expectancy rates of men and women have started to narrow. Therefore by 2021, the percentage of men aged 80 to 84 years could be 43 percent, up from today's 39 percent.

Three quarters of the city's seniors (65 and older) own and live in their own homes. Approximately four out of five have paid off the mortgage. Most of the 42,000 Edmontonians over 75 live in a few neighbourhoods in the southeast and northeast of the city, many in houses built in the 1970s or earlier. These older seniors may be reaching the point of having to decide whether to move into a care facility or stay in their homes. It can be assumed that most would prefer to do the latter, and research shows that may be the least costly alternative. However, elderly seniors may not be able to live independently in their homes and remain healthy without considerable help.

Key Findings

The following general themes emerged through the study.

Mobility and Access to Transportation

Needs and Current Situation

- Transportation is the foremost factor affecting social isolation. A number of barriers impede seniors' ability to use the public transit system and other modes of transportation such as assisted driver programs or DATS.

Recommendation

- Pursue the recommendations put forward by the Steering Committee on Seniors' Transportation

Daily Living

Needs and Current Situation

- Seniors need information about programs and services and help to navigate the system. However, no single source of information is available. Information may be posted on websites, but elderly seniors and new immigrants tend not to use the net.
- Physical adaptations to homes would reduce the risk for seniors and allow them to stay in their homes longer. Small provincial grants are available, but seniors may not know about them or qualify for assistance, or the amount may be insufficient. In addition, finding qualified contractors to do the work is difficult.
- Seniors need more help with personal care, housekeeping and meal preparation than they currently receive. Regular contact with people who can provide this care would reduce social isolation and thereby risk. Home Care provides personal and medical care only, and qualified staff are in short supply. Meals on Wheels and residential homemaking services are available at a cost. Non-profit organizations are limited in the type of help they can provide and the volume of seniors they can reach.

Recommendations

- Make information on programs and services available in easy to obtain and understand formats and in other languages
- Set up a one-stop information line for seniors
- Train residents to identify signs that seniors in the neighbourhood are at risk
- Expand the use of outreach or community workers to identify shut-in seniors
- Train healthy seniors to visit and assist shut-in or immobile seniors
- Advocate for funding for home support programs
- Promote the use of home modification programs and help seniors to complete applications
- Increase funding for homemaking services to improve access by at-risk seniors

Home Maintenance and Housing

Needs and Current Situation

- The design of a typical Edmonton house is not conducive to aging in place (steps to the entry, etc). However, the availability of housing options between independent living and assisted or institutional living is in short supply.
- The costs associated with home ownership, such as property taxes, utilities and maintenance and repairs are rising faster than most pension rates. Rents have also increased substantially.
- Plans for homeowner seniors, such as the Education Property Tax Assistance program and the City's property tax deferral option, provide some financial support.
- Seniors need help with home maintenance, including repairs and seasonal yard work. A non-profit program is available to link seniors with "handyman" services, but some seniors find it too costly and the workers unreliable.

Recommendations

- Promote home modification programs and help seniors to complete applications
- Review zoning requirements and offer incentives to increase housing options
- Reinstate the property tax deferral program and consider other options to reduce taxes for seniors
- Introduce bylaw changes to allow rental units in single-family houses.
- Advocate for rent controls
- Expand and improve the coordination of non-profit services for home maintenance (snow shovelling, yard work, etc.) and repairs
- Offer subsidies through existing home service program to increase access by low income seniors

Health and Well-being

Needs and Current Situation

- Seniors need timely access to a range of services. Some seniors may be eligible for Home Care and other community care services, but the current shortage of qualified workers causes delay.
- The system is fragmented and all information cannot be obtained through a single source. Applications can be complicated.
- Financial assistance is available through AHIP for most prescription drugs and some medical services. Low-income seniors may qualify for assistance with the cost of basic dental and optical services.

Recommendations

- Encourage multi-disciplinary teams of medical professionals to work together in providing care to seniors
- Improve coordination of information between healthcare professionals and seniors

- Advocate for increased funding for the training and recruitment of healthcare workers
- Encourage province to subsidize dental and eye services for seniors beyond the basic services

Conclusions

Aging in Place Neighbourhood Strategy

This research for this report supports an Aging in Place strategy, where “place” refers to a neighbourhood. The rationale behind the strategy is that human contact and aging are healthy features of life; and the more seniors are engaged and visible in their neighbourhood, the more likely they will receive help before a problem escalates to a crisis. Engagement not only prevents social isolation, it creates opportunities for a senior to seek help or for others to observe changes in the senior’s ability to manage. Outreach is therefore a key component of the strategy.

Built on Volunteerism, Outreach

The Aging in Place study is founded on four cornerstones: volunteerism; natural social networks of friends, family, neighbours; services delivered to homes and neighbourhoods (by individuals or agencies); and a strong municipal body that uses its influence and city-wide perspective to ensure that all necessary supports are available.

The strategy will result in volunteer services that respond to seniors’ needs for house maintenance, driving and the like. Neighbours and regular visitors to the community, such as postal workers, will be trained to look out for seniors at risk. Outreach will ensure that seniors receive health and rehabilitative care in their homes or at a central, easily accessible location. “Real” people will be available to help seniors apply for and receive the benefits they are entitled to. Businesses will be encouraged to participate, for example, by providing staff to help seniors with shopping or offering home delivery.

Proposed as Pilot Project

The study proposes two pilot projects in Edmonton neighbourhoods with high concentrations of people ages 75 and up, where the focus is on seniors living in houses, because this group is more likely to be at risk of isolation or injury. In addition, if seniors are to stay in their homes, they will require help to maintain the property.

Roles of Players

This study proposes an approach not unlike that used for a local improvement program, where the City goes to a neighbourhood with its plan, supported by a rationale, and holds public meetings to discuss implications and the impact on residents. With aging in place, the plan would involve social building rather than the replacement or rehabilitation of infrastructure. The City would be responsible for providing information, coordination, expertise, funding, programming, technology, administration, publicity and the like.

The role envisioned for the second key player, the Edmonton Seniors Coordinating Council, is similar to the one it has taken towards transportation. ESCC becomes responsible for assessing current outreach services to seniors and makes recommendations to city council. ESCC works with senior serving organizations to review programs, determine what is needed, and facilitate a more coordinated approach.

▪ *Liveable Communities Recommended over Long-Term*

Over the long term, the report recommends that the City create more liveable communities, typified by affordable housing that accommodates all mobility needs, convenient public transit and a network of bike paths and walking trails that connect neighbours to each other and to the activities and local conveniences that everyone needs. Liveable communities not only serve seniors and people with disabilities, but improve the quality of life for *all* citizens by making life more comfortable and easier.

Edmonton will look different again by 2030, when 61,000 residents are expected to be over 80 and the population more culturally diverse. Planning will have to begin now and different approaches will have to be considered if we want to move towards a liveable city that into account our future needs.

Recommendations

The report makes the following recommendations:

- That Edmonton City Council fund and support an Aging in Place strategy designed to increase awareness of and assist seniors at risk, and that the strategy be piloted in those neighbourhoods with the largest populations of seniors over 75 living in their own homes
- That the City of Edmonton work with the Edmonton Seniors Coordinating Council and other seniors serving organizations to plan and implement the neighbourhood strategy
- That the City of Edmonton identify one or two neighbourhoods to target using data such as the age of residents, the age of housing stock, the number of seniors living alone and the availability of local services including transit
- That the City of Edmonton provide the expertise and resources needed to develop an Aging in Place strategy
- That the Edmonton Seniors Coordinating Council be asked to review outreach services currently available to seniors, with a special focus on the elderly at-risk group; and encouraged to involve seniors centres in planning and co-ordinating the changes required to outreach services across the city
- That the City of Edmonton follow-up with some of the transportation and mobility-related solutions put forward in this study and by the Transportation Steering Committee, in recognition of access to transportation as an indicator of social isolation
- That the City of Edmonton set up a working committee of representatives from the City, Capital Health, the Edmonton Seniors Coordinating Council and other seniors serving organizations to examine the options for funding in-home support services for seniors, such as housekeeping and personal assistance

I. INTRODUCTION

Purpose of the Study

After reviewing the roles of seniors' centres and data showing high growth in the age group 85 years and older, Edmonton City Council concluded that the needs of more elderly seniors were different than those of younger seniors, and that the older group was potentially more at risk. Therefore Council requested that Community Services conduct a study on services to seniors over age 80. The purposes of the study were to identify the needs of older seniors, review current services in light of those needs, and make recommendations about new or additional services required immediately and in the future.

About this Report

This report begins by describing demographic data that reflect the aging of the population, including the make-up of Edmonton seniors and their location by neighbourhood, and seniors' overall need for care. Then, as themes, the report presents the findings from the consultations with seniors and local experts and the review of websites and other references. Several needs are identified under each theme. These needs are provided in summary tables, juxtaposed first by a brief explanation of services currently available, and then by actions proposed to address the need.

Based on the analysis of the information gathered, the report concludes that seniors can be served in the short term by an aging in place neighbourhood strategy. Under the strategy proposed, the City, senior-serving organizations and volunteers work together to pilot a project designed to help seniors remain in their homes by reducing isolation and improving home safety. The recommendations to council are designed to support a neighbourhood strategy.

Role of Steering Committee

A Project Steering Committee was formed to guide the work. Its membership was made up of representatives from the Seniors' Coordinating Council, Capital Health Authority, Emergency Medical Services, Seniors' Community Health Council, Alberta Caregivers Association, four seniors' centres, the seniors' outreach program, Meals on Wheels and senior staff from Community Services, including the Director of Community Resources, the Seniors' Coordinator and a member of the FCSS Liaison Team.

The Steering Committee met with the project consultants on three occasions, confirmed the proposed approaches and provided information to help the project, including connections to organizations and isolated seniors and current articles on aging in place initiatives in other jurisdictions.

An early task of the Steering Committee was to reach agreement on the focus of the project and an appropriate definition of the term 'aging in place'. It was agreed that the initiative would "focus on the needs of older seniors in Edmonton, especially those over 80, who choose to live independently in their homes and their communities as long as possible and who may, over time, be at risk of social or physical isolation". It was

acknowledged that many of the factors contributing to social and physical isolation would very likely apply to seniors not yet over 80, because age is not necessarily a criterion of social isolation.

City Acknowledges Seniors' Needs

In the past five years, the City of Edmonton and City Council have taken various steps to acknowledge the needs of seniors, including the following.

2002. A report, *Seniors At Risk Study*, recommends that agencies providing programs and services be encouraged to shift more of their resources to those seniors considered to be most at risk.

January 2006. Council approves a one-time building operating grant of \$80,000 for eight seniors' centres.

April 2006. City Council approves \$101,500 to support the operations of the Edmonton Seniors Coordinating Council.

June 2006. City Council approves funding for the appointment of a Seniors Coordinator.

December 2006. City Council approves the Family and Community Support Services budget for 2007, which includes funding of \$1,764,849 for 16 agencies and 22 programs that serve Edmonton seniors.

January 2007. Council approves a one-time Seniors Centre Minor Capital Grant of \$553,000 and a \$135,000 one-year building operating grant for seniors' centres.

July 2007. City Council moves that a new Seniors Centres Grant Program be established for seniors' centres in Edmonton, to provide funding for general operating expenses, support to emerging seniors centres and minor capital projects.

August 2007. City Council receives the Seniors Transportation Report prepared by the Edmonton Seniors Coordinating Council describing transportation concerns by seniors and providing a three-year plan to address the concerns.

September 2007. The City launches the Snow Angel program, a recognition program to encourage snow removal by volunteers. Mill Woods Seniors Centre is opened in Mill Woods Recreation Centre.

II. METHODOLOGY

Guided by the advice of the Steering Committee the consulting team used five approaches to the project: ten focus groups with seniors and two with service providers, 20 face-to-face interviews with seniors, a focus group with 17 local experts held after the needs of the seniors had been identified, and a literature review of alternative approaches to 'aging in place' and program delivery in other jurisdictions.

Consultation with Seniors

Thirteen seniors centres and other seniors' programs throughout the city were asked to help organize small focus groups. To reach a wider cross-section of seniors, organizations that work with Aboriginal and multi-cultural groups were asked to participate. The focus groups were between one and a half and two hours in length. Participants were asked about the needs and strategies required to help older, isolated seniors remain in their homes as long as possible.

A total of 148 seniors participated in the focus groups. Three-quarters were women and just over half (55%) were 75 years or older. Fifty-eight percent lived alone, and 79 percent owned their own home or condo. Public transit or DATS were the primary means of travel for 38 percent, while 43 percent were still driving their own cars. More detail about the participants can be found in the tables appended.

Individual interviews were held with 20 seniors not regularly connected with a seniors' centre and therefore thought to be more "socially isolated." The interviews were held in either the person's home or the local seniors' centre. Three-quarters of the interviewees were women, and 14 were over 75. Thirteen lived alone; eleven were in rented accommodation; and eleven spoke a first language other than English. (Refer to the tables appended.)

Meetings with Local Experts

Local experts from seniors' organizations, the University of Alberta and Capital Health were invited to a three-hour meeting to discuss the findings of the focus groups and interviews and to offer solutions to the issues identified by the seniors.

Focus groups were also held with parish nurses and with the Multicultural Health Brokers.

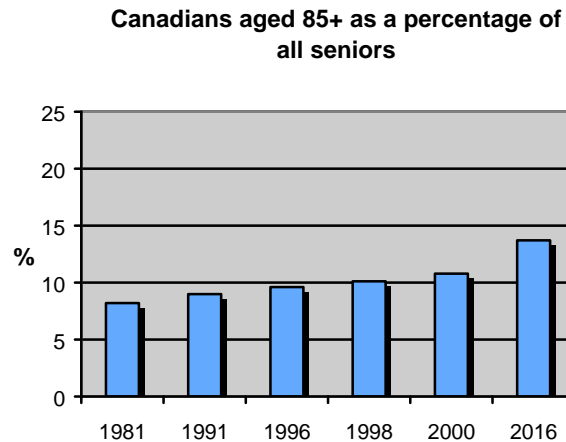
Research on Alternative Approaches

Research was conducted into alternative approaches to program delivery and aging in place used in other jurisdictions. The documents cited are footnoted in the report. A list of additional resources is appended.

III. DEMOGRAPHIC AND SOCIAL TRENDS

Population Growth

People over age 65 are one of the fastest growing groups in Canada. In 2000, there were an estimated 3.8 million Canadians aged 65 and over, up 62 percent from 2.4 million in 1981. Canadians aged 85 and over represent the fastest growing segment of the total senior population. In 2000, more than 400,000 Canadians were 84 or older. Today, about one senior in ten is 85 or older.



Actual and Projected Growth in People Aged 75 and Older, Edmonton

Age	2005*	2006†	2011*
75 to 79	17,071	18,285	18,419
80 to 84	12,131	13,060	14,266
Over 75	38,561	41,965	45,683
Over 85	9,359	10,625	12,998

Sources: *City of Edmonton
†2006 federal census

As the table above shows, in 2006 in Edmonton there were 10,625 people over 85 (7,385 women and 3,240 men) and a further 13,060 between 80 and 84 (8,040 women and 5,020 men). Projections suggest that the number of seniors over 80 in Edmonton will increase by 158 percent by 2030. Women presently account for 70 percent of all seniors over 85; however, research suggests that the life expectancy rates of men and women have started to narrow. If this continues, it is expected that by 2021 the percentage of men between 80 and 84 will be 43 percent, up from today's 39 percent.

Migration, Relocation and Immigration

Most (84%) seniors aged 65 and over live in Ontario, Quebec, British Columbia or Alberta. Alberta is the recipient of the largest net inflow of senior interprovincial

migrants, however between 2000 and 2005, 8,708 people aged 65 and older moved to Edmonton, while 6,803 moved away, for a net gain of 1,905.

A recent Statistics Canada study found that when seniors move, three out of four remain within 50 kilometres of their home. Two out of three seniors who relocated in Edmonton moved within the Greater Edmonton area, while 10 percent moved to another province. The major reasons that seniors relocate are: a desire to live in a smaller house, closer to family, or in a better neighbourhood or declining health.

In Edmonton, 35 percent of seniors over 75 were born outside the country in 2001. The majority were from Continental Europe (50%), Asia (25%) and the United Kingdom (15%). In 2001, 29 percent of all people between ages 65 to 74 and 28 percent of those aged 75 to 84 were immigrants. Of these, a small proportion (9%) has arrived in Canada since 1991. However, in 2001 this percentage translated into 4.5 percent of individuals aged 75-84 and 6.1 percent of those aged 85 and over who could speak neither English nor French. These numbers have been on the rise since 1981.

Location of Edmonton Seniors

As the maps at the end of this section show, Edmonton residents aged 75 and older tend to be clustered in more mature neighbourhoods. While the highest concentration of seniors is in Oliver, this is largely due to the number of seniors complexes and assisted living facilities found there. Otherwise, the neighbourhoods of Kensington, Ottewell and Pleasantview have the largest populations of “elderly” seniors. Looking at seniors aged 65 and over, Ottewell and Kensington again predominate, followed closely by the neighbourhoods of Boyle Street and Inglewood.

Ethnicity and Language

Chinese are the largest visible minority among Edmonton’s seniors, accounting for more than a third, followed by South Asians (25%), Filipinos (9%) and Blacks (7%). In the last available census (2001), 3,175 seniors (over the age of 55) identified themselves as Aboriginal, 73 percent of whom were women.

Family Status and Housing

Seniors’ income and quality of life vary considerably according to family status. Those who are living with a spouse or other family members are more likely to have economic security, social support and better quality housing. In Edmonton in 2001, 60 percent of all seniors over the age of 65 were either living with a spouse or other family members, while 30 percent were living alone. Among older seniors, women are more likely to be living alone than with family members. A third of the women and 69 percent of the men over 85 were living with family members.

In 2001, 95 percent of Edmonton’s seniors lived in a private home, while 5 percent were residents in an assisted living or care facility or hospital. Three quarters of Edmonton’s seniors own their own homes and approximately four out of five have paid off their mortgages. About 10 percent of seniors in Edmonton rent their accommodation.

Income and Spending Patterns

The financial situation of seniors has improved significantly over the past 25 years. Between 1980 and 2003, the average annual income of senior couples increased 24 percent, from \$39,800 to \$49,300. The same trend was evident among unattached males and unattached females. One of the factors contributing to this trend is the maturation of the Canadian Pension Plan. Coverage offered under private pension plans has also expanded. A third factor is growth in the number of women participating in the workforce. In 1980, 39 percent of women received income through CPP. By 2003, 86 percent were drawing a pension.

In 2003, 95 percent of all Canadian seniors received income from Old Age Security, Guaranteed Income Supplement and Spouses Allowances. Over the period 1980 to 2003, the portion of seniors with low incomes declined from 34 percent to 15 percent. The incidence of low income still remains highest among single women, however.

In 2001, 12 percent of all Canadian seniors who owned their own homes and 47 percent of seniors who were renting paid more than 30 percent of their income for shelter. Edmonton's economic growth since then will have significantly increased the cost of renting and maintaining a home. Many renters have recently faced huge increases in rent, while homeowners have seen increases in property taxes, home maintenance costs, and the price of utilities. The inflation rate in Edmonton for the past year was 5.4 percent, the highest in Canada. Seniors on a fixed income are significantly affected by these spiralling costs. Those who are unable to obtain additional funds or rent subsidies or move into more affordable housing alternatives may be at risk of losing their present accommodation.

Physical and Social Activity

Many seniors stay active by participating in volunteer activities. Three times as many seniors participate in informal volunteer activities outside their homes than formal activities: 58 percent versus 18 percent. This accounts for considerably more time being devoted to volunteer activities by seniors than by all other younger people. Additionally, 77 percent of all seniors made at least one financial contribution to a volunteer organization in 2000, about the same figure for those aged 45 to 64 years, but well above those in younger age ranges.

Seniors who are able to maintain some form of physical activity are generally in better health. Twenty-one percent of men and 11 percent of women over age 75 living in the Capital Health Region in 2003 considered themselves to be physically active. The most popular forms of leisure activity for these seniors were walking, gardening and home exercise.

Seniors living alone can be at particular risk of social isolation. According to the 2003 General Social Survey, seniors living alone (16%) were slightly more likely than seniors living with their spouses (11%) to report not having any other friends. The single seniors were more likely to have regular contact with family members, but less likely to know most or all of their neighbours.

Trust Toward Neighbours and Sense of Belonging

The extent to which older seniors trust their neighbours can have a significant impact on their quality of life. The 2003 General Social Survey found that the proportion of older seniors who trusted their neighbours was significantly higher than other age groups. Fifty-six percent of seniors 75 and over said that their neighbours could be trusted 'a lot,' compared with 24 percent for those aged 25 to 54. When asked, "If you lost a wallet or purse that contained two hundred dollars, how likely is it to be returned with the money in it if it was found by someone who lived close by", 61 percent of seniors 75 and older believed that it would be "very likely" compared with 45 percent of those between 25 and 54 years. Older seniors who trusted their neighbours were more likely than others of the same age to feel safe from crime when walking in their neighbourhood after dark.

Older seniors were also more likely than younger men and women to report having a very strong sense of belonging to their local community. Thirty five percent of those 75 and over living in one of the three prairie provinces reported a very strong sense of belonging, compared with 15 percent for those between 25 and 54. Research has shown that a sense of belonging to a local neighbourhood is a significant correlate of health. Forty-four per cent of older seniors with a strong sense of belonging to their neighbourhood also reported that their health was either 'excellent' or 'very good' compared with older seniors whose sense of belonging was weak.¹

Need for Care and Care Provision

In the national Participation and Activity Limitation Survey for 2001, approximately 10 percent of all Canadians ages 64 to 75 reported having a severe to very severe disability. The most frequently identified disabilities were related to mobility (23.3%), agility (21.5%) or pain (20.4%). More than one-third of these seniors (34.3%) required help with everyday activities.

The number of people reporting a disability increased sharply with age. Canadians aged 75 and over made up 5.5 percent of the total population in 2001, but represented more than 22 percent of the population with a disability. One-quarter in this age group reported a severe to very severe disability. Mobility (42.9%), agility (39.8%) and pain (30.7%) were again the most frequently identified disabilities. When asked about the need for specialized features in the home (such as handrails, adapted bathrooms or ramps), 18 percent of seniors aged 65 and older who needed such a feature did not have it.²

In Alberta, 40 percent of all continuing care admissions of seniors can be directly attributed to a fall. In 2003 in Alberta there were 6273 hospital admissions and 17,352 emergency department visits of seniors as a result of a fall. The number of falls, admissions and visits increases with age. It has been shown that the direct health care costs to the province for falls by seniors is \$88 million a year.³

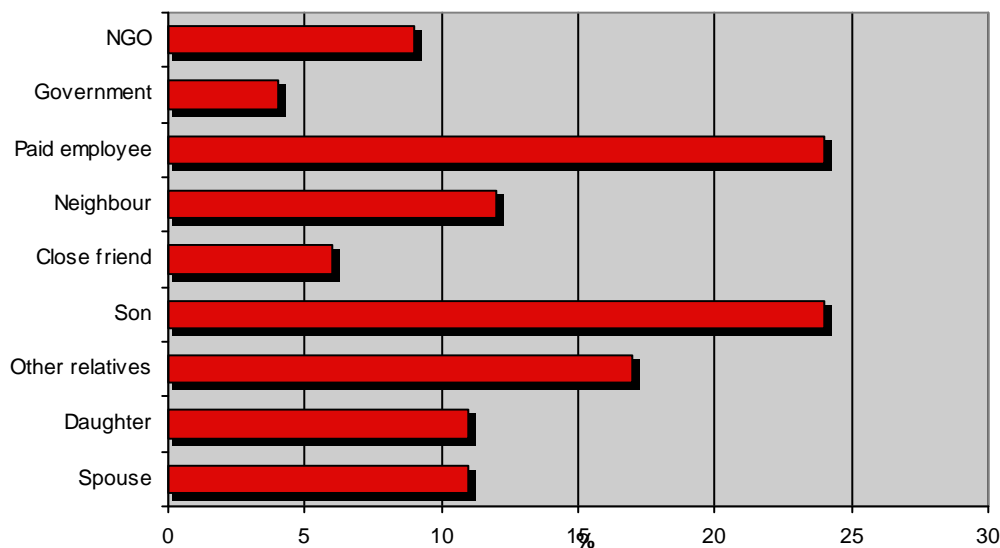
¹ Statistics Canada, General Social Survey 2003

² <http://www.hrsdc.gc.ca/en/hip/odi/documents/PALS>

³ The Alberta Centre for Injury Control and Research. <http://www.Acicr.uaberta.ca>

The Canadian Community Health Survey of 2003 showed that, over the course of a year, 88 percent of people aged 65 and over living in the Capital Health Region had consulted with a general practitioner or a family doctor. Nine out of ten in this age group reported taking at least one type of medication in the previous month. Fourteen percent had been hospitalized and 15 percent had received homecare in the form of nursing care, personal care, housework, meal preparation and shopping. One half of this care was provided by formal services, and the other half by family or friends. The proportion of seniors receiving homecare increases with age, from 6 percent among those aged 65 to 74 to 25 percent among those 85 or older. A higher proportion of seniors living alone receive homecare, as do those with chronic health conditions.⁴

Seniors receiving help w/outdoor housework b/c
of a health condition: source of help, 2002



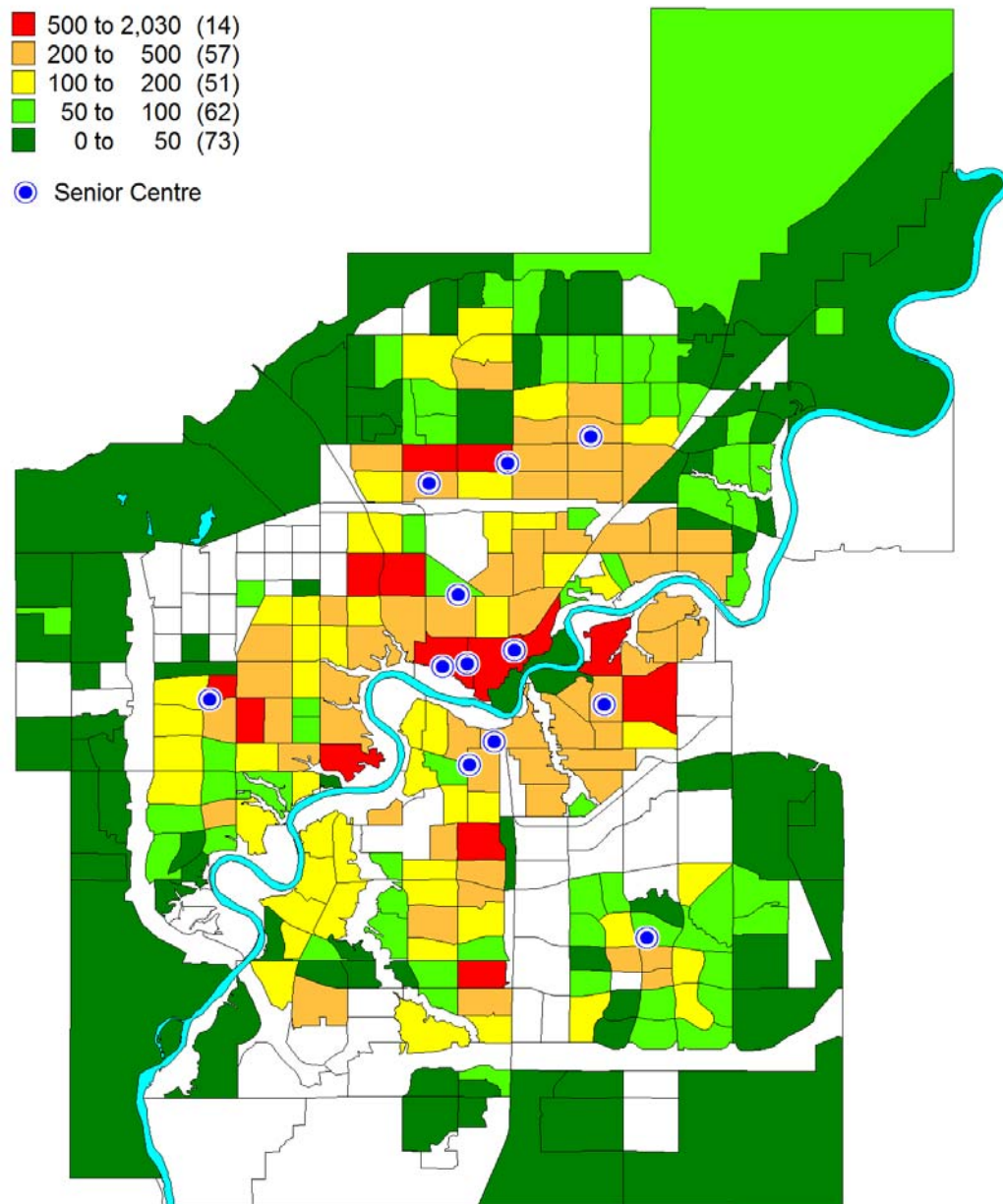
In Canada in 2002, more than two million family and friends reported providing informal care to seniors. Eighteen percent of women and 19 percent of men aged 45 and over provided care to one or more seniors with a long-term health problem. Significantly, 6 percent of people aged 75 years and over were also caregivers. The majority of caregivers between 45 and 64 were also working full-time.

Two thirds of the women caregivers assisted with inside the house tasks, such as meal preparation and housework, while male caregivers were more likely to provide outside the home help and transportation support. When asked about the intrinsic rewards associated with caregiving, a majority responded positively, although 21 percent of women and 7 percent of men did indicate that their health had been affected by their caregiving responsibilities. The physical strains of caregiving do raise concerns about “caregiver burnout” and the need for respite care.⁵

⁴ Statistics Canada Catalogue 82-003. Seniors Health Care Use. <http://www.statcan.ca/bsolc>

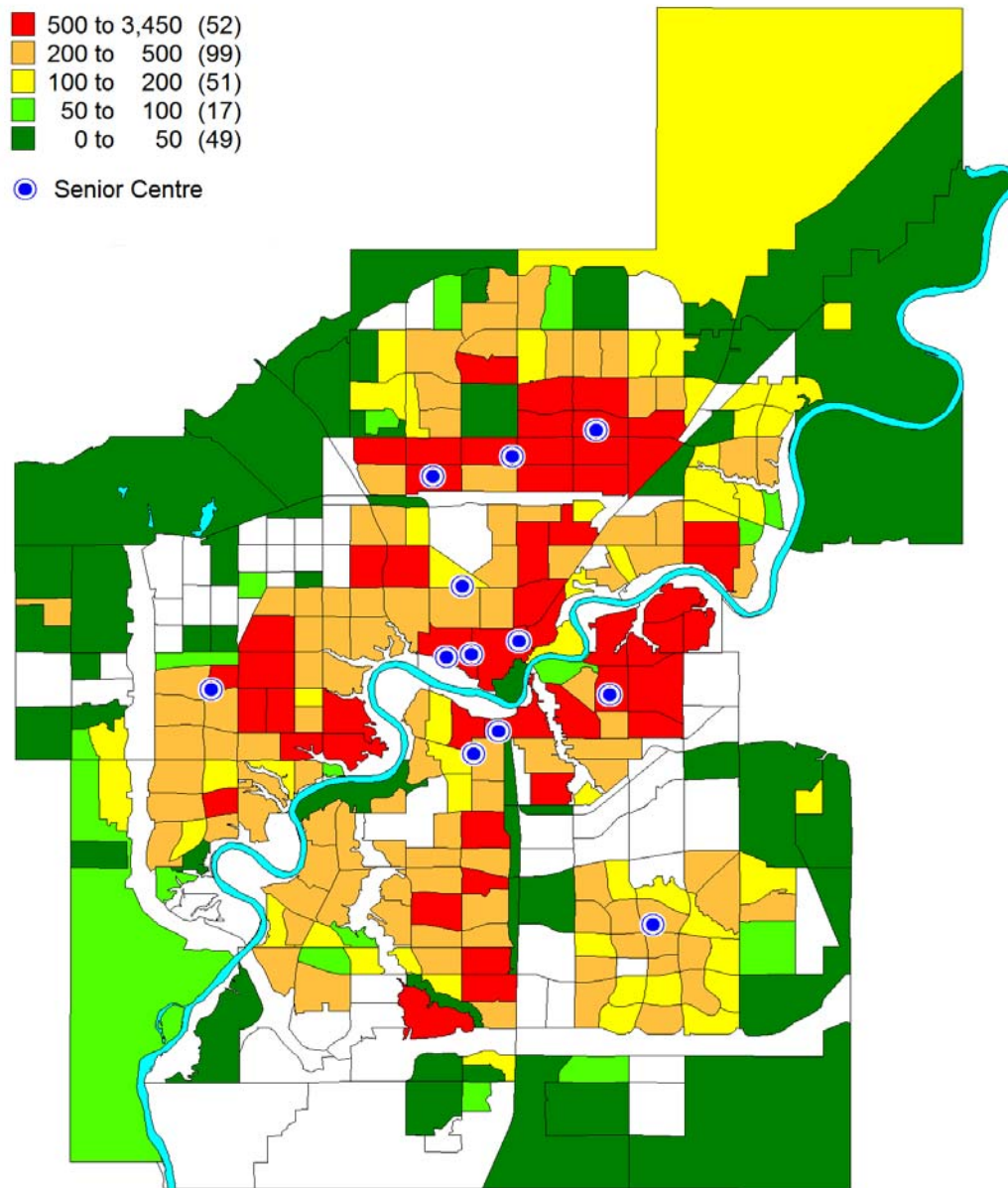
⁵ Statistics Canada, General Social Survey, 2002

Where Edmonton's Seniors Live 75 and Over by Neighbourhood



City of Edmonton Census 2005

Where Edmonton's Seniors Live 65 and Over by Neighbourhood



City of Edmonton Census 2005

IV. FINDINGS

Five general themes emerged from the consultation. The consultants added two themes to this list: social isolation and aging in place. Social isolation is affected by lack of mobility and access to transportation; and aging in place approaches are typically designed to address all of the issues raised by seniors. Therefore the themes discussed in this section are:

1. Mobility and Access to Transportation
2. Daily Living
3. Health and Well-being
4. Home Maintenance and Housing
5. Other (finances, cultural sensitivity, abuse)
6. Social isolation
7. Aging in Place

Under each theme heading are the factors and solutions suggested in the consultation with seniors and local experts. At the end of each theme section are examples of best practice or alternative approaches identified in the literature review and through discussions with other jurisdictions.

1. Mobility and Access to Transportation

Factors affecting Mobility and Access to Transportation

- Not being able to walk or manoeuvre scooter due to snow or ice on sidewalks and curbs and windrows on roads, or feeling fearful of making the attempt
- Feeling anxious about personal safety due to uneven sidewalks, the absence of sloping curbs and the insufficient length of pedestrian crossing lights
- Bus drivers are sometimes insensitive to seniors' needs, so will fail to wait for a senior trying to catch a bus or will move away from a stop before the senior is seated
- Not being able to walk to a bus stop (for reasons of stamina or other physical limitations)
- Not being able to get on or off buses unassisted
- Lack of familiarity with or understanding of the transit system or bus routes
- Inability to endure long bus rides
- Not being able to afford taxis, but not being eligible for specialized services such as DATS or assisted drivers
- Feeling intimidated by youth on public transit

- Having to schedule DATS rides well in advance and wait hours for the service
- Requiring assistance to get in and out of vehicles or buildings, a service which is not always provided by DATS or taxi drivers
- Not being able to communicate effectively with drivers or transportation services for reasons of language or culture
- Taxis not always being able to accommodate walkers or wheelchairs
- Needing advice in deciding whether to retain or relinquish a driver's licence, including information on transportation options

Mobility and Access to Transportation: Solutions

- Increase the opportunities for door-to-door transportation
 - Promote and subsidize assisted driver services. These services are more expensive than taxis, but the drivers will help passengers in and out of buildings and vehicles and wait with them for appointments.
 - Facilitate discussions between owners of equipped vans (seniors' centres, day cares, private dealerships) about making the vehicles available to transport seniors when not otherwise in use; offer incentives
 - Facilitate and support more community-based programs where volunteers drive seniors
 - Extend DATS services and review eligibility requirements
 - Encourage private taxi companies to educate drivers about the needs of seniors
- Make public transit more accessible
 - Provide bus shelters at high density stops; ensure shelters are well maintained
 - Use colour coding and larger print to improve signage for bus and LRT
 - Provide transit use instructions and information in other languages or formats
 - Continue to offer "senior friendly" training to staff and monitor its effectiveness
 - Continue to expand and promote the community bus service
 - Shorten bus routes and improve connections between routes
 - Reduce the cost of an annual bus pass (currently at \$105)
 - Make it a policy to drop off or pick up passengers in between bus stops, when safe to do so
- Improve sidewalk and road conditions
 - Ensure sidewalks and curbs are free of snow and ice
 - Lengthen the timing of pedestrian walk lights on wide roads such as Jasper Avenue
 - Place benches at bus stops and sites of high pedestrian traffic

- Introduce safe driving campaign to raise seniors' awareness of the risks of driving beyond a certain level of functioning

Mobility and Access to Transportation: Alternative Approaches

Adjusting length of walk light

In Los Angeles and in Portland, Oregon, microwave technology is being used to detect when a pedestrian is moving more slowly across an intersection; the detector automatically extends the "Walk" signal for several more seconds to allow for safe crossing.

Independent Transportation Network™

Independent Transportation Network™ (ITN) provides flexible, affordable transportation within a 15-mile radius of Portland, Maine to people aged 65 and older and those with visual impairments.

Transportation's not a service; it's my lifeline!

Focus Group Participant

A study by the organization found that up to 67 percent of older adults who currently drive expect that they will be able to rely on friends and family when they can no longer drive; but the reality often looks very different.

Aside from the difficulties inherent in depending on others for basic transportation, reliance on "favours" moves older people from an independent to a dependent role, complicating relationships and making them reluctant to express any unhappiness or dissatisfaction for fear that they might appear ungrateful. Background research found that older people are willing to:

- join a membership organization dedicated to meeting their transportation needs
- use and pay for such a service
- share rides with other older adults
- schedule rides in advance to save money
- pay for rides in advance through a transportation account
- participate in innovative payment plans

Using innovative computer software to coordinate trips, map trip routes, and calculate fees, ITN delivers more than 20,000 rides each year to 1,200 older individuals. ITN users become members, paying \$35 annual membership dues and \$20 to open a prepaid transportation account. Seniors can donate their vehicles and have their account credited with the value of the car. Trips are charged against the balance of the account so that no money or vouchers need to change hands. Fees are based on the distance of the trip, whether the ride is shared, and whether the reservation was made in advance or the same day. The system preserves consumer choice and independence, helps to cover the cost of the rides and reflects the level of service the customer requests. Passengers receive a monthly statement of their charges and their balance. A "road scholarship" supports transit for those who cannot afford ITN's fees.

All trips are treated equally, regardless of their purpose, and are provided in cars – no buses or minivans. Passengers themselves plan their trips according to their destinations, preferences, and timetables; there are no preset pick-up routes.

Passengers can choose to travel alone or opt to share a ride to save some money. The choice is theirs.⁶

ITN volunteers range in age from 20 to 70 and must have at least three years of driving experience. Most are aged 40 to 60 and have an older family member or friend who has struggled with the issue of mobility at some time in their lives. Service organizations such as the Rotary have been an excellent source of volunteers, but regular media exposure tied to ITN events has proven to be the most effective recruitment tool.

Free bus service for shoppers

The Calgary Co-op offers a free bus service for senior Co-op members to shop at Co-op stores. The pick up and drop off services are available at various locations in the city.⁷

The City of Chicago offers a senior shuttle service that provides free weekly transportation to three stores that co-sponsor the service. The seniors shop in a group, and handicap accessible buses are available upon request. The City of Chicago also offers door-to-door transportation at a reduced rate for eligible seniors and emergency medical transportation. The Chicago Department on Aging Transportation Program in partnership with HOME (Housing Opportunities and Maintenance for the Elderly), offers seniors living in seniors' residences transportation to local grocery stores, banks, discount and department stores to help seniors complete basic errands. The service includes a handicapped accessible vehicle.⁸

Many seniors are absent [from the seniors centre] today because of unreliable rides.

Focus Group Participant

Seniors' Social Link program

The Calgary Seniors' Resource Society (CSRS) and the Calgary Motor Dealers' Association provide a free bus shuttle service for seniors living in subsidized seniors residences that would like to participate in the Social Link program. The Social

Link program facilitates social activities for isolated high-risk seniors and encourages seniors to develop relationships with one another. CSRS serves isolated high-risk seniors in downtown Calgary, with the mission of enhancing the quality of life and human dignity of seniors.⁹

Door-to-door bus service

The Borough of Côte-des-Neiges–Notre-Dame-de-Grâce (CDN—NDG) and the Société de transport de Montréal (STM) developed a one-year bus service for seniors living in residences. The project makes two bus routes available for seniors to carry out their activities in the neighbourhood. The bus runs between 10 am to 2:30 pm and drives by major residential buildings and senior homes for senior, community centres, gardens, libraries, Maison de la culture Côte-des-Neiges, supermarkets and other local points of interest. The bus stop panels are designed for easier reading with route numbers in black on a gold background.¹⁰

⁶ <http://www.itnamerica.org> and from a presentation in Edmonton by the organization, December 2007.

⁷ http://www.calgarycoop.com/other_services/senior_bus_schedule/index.php

⁸ <http://egov.cityofchicago.org/city/webportal/portalContentItemAction.do?>

⁹ <http://www.calgaryseniors.org/community.php>

¹⁰ <http://www.stm.info/English/info/comm-06/a-co060606.htm>

Silver Ride in San Francisco offers door to door service with assistance from the inside of a senior's home to the inside of the vehicle and from the vehicle to the entry of the destination. Drivers are trained in Red Cross First Aid and Adult CPR and to work with older adults. Seniors may be accompanied by another companion, family or friend free of charge. The program also offers excursion trips for seniors and cost sharing fees with other senior riders. A 24 hour advance notice is required for requested rides.¹¹

Senior Driver Renewal Program

In Ontario, the Senior Driver Renewal Program requires senior drivers 80 years of age and older to pay the applicable licensing fee, complete a vision test and a knowledge test and participate in a group education session every two years. A small percentage of drivers may be asked to take a road test to have their in-car skills assessed. Trained counsellors assess senior drivers and those that may be a road safety risk are required to take a road test. The counsellor discusses the road test with the driver at the group education session. The group education sessions provide information on: the effects of aging on driving, how to assess risk factors when driving, trip planning and preparation and suggestions and strategies to minimize the risk of accidents.¹²

55 Alive Driver Refresher Course

The Canada Safety Council has designed a course to help Canadian drivers 55 and over maintain their independence and driving privileges. The 55 Alive Driver Refresher course assists seniors to compensate their skills to aging. It offers assistance to seniors to: gain more confidence driving, increase awareness of traffic hazards, refresh traffic laws and new technology, anticipate other drivers' actions, identify and correct poor driving habits and voice driving concerns in a comfortable and friendly environment. The course can be contracted through the Alberta Motorists Association.¹³

Driver Safety Help Guide

An American non-profit organization, Helpguide.org, provides a web-based guide to advise seniors on driver safety. The focus is on "warning signs and helping an unsafe driver to stop driving." The site discusses topics such as risk factors and how to talk to a senior about stopping driving. For example, if a senior is not driving safely, the site advises a concerned person to consider: taking away the car keys, filing down the keys, disabling the car or removing it from the driver's residence, cancelling the vehicle registration, asking the driver's doctor to write a prescription stating "no driving," or asking a police officer to explain the importance of safe driving and the legal implications of unsafe driving. Among the list of references and resources are links to two driver assessment questionnaires put out the National Highway Traffic Safety Administration and the University of Michigan Transportation Research Institute.¹⁴

¹¹ <http://www.silverride.net/index.html>

¹² <http://www.mto.gov.on.ca/english/dandv/driver/senior/index.html>

¹³ <http://www.safety-council.org/training/55alive/55alive.htm>

¹⁴ http://www.helpguide.org/elder/senior_citizen_driving.htm

2. Daily Living

Factors affecting Daily Living

- Lacking information about programs or services and not knowing where to find it
- Not knowing who to call for information or assistance and not wanting to bother people close by (friends, family, neighbour) who may be able to help
- Being unable to sit or stand comfortably
- Going without contact with other people on a daily basis and feeling lonely as a result
- Needing physical adjustments within the home to improve mobility and daily living activities
- Needing help with personal care (dressing, bathing, grooming) and meal preparation, or more help than Home Care presently provides

Daily Living: Solutions

- Employ more outreach or community workers to identify shut-in or isolated seniors
- Facilitate and support volunteer, community-based programs and activities run by seniors centres, churches and community leagues, and Aboriginal and multi-cultural groups
- Make more Home Care and other community care services available
- Develop and promote a program that encourages healthy seniors to visit and assist shut-in or immobile seniors.
- Make information on programs or services for seniors available in easy to obtain and understand formats, including languages other than English, recognizing that web-based information will not reach most seniors and new Canadians.
- Encourage organizations such as SAGE and the Support Network to work together to provide one-stop shopping for seniors' information.

Daily Living: Alternative Approaches

Functional ability and social support

The Community Action for Isolated Seniors Program (CAIS) is administered by nurses to older adults in Ottawa to help them in continuing to live independently in their homes. The CAIS nursing assessments and interventions focus on functional ability and social support. An “ecomap” is used to document the client's relationships – who is involved with the client, the quality of the relationship and the needs that have been met as a result. Seniors are asked if they require physician visits, practical daily help, such as

with grocery shopping or housekeeping, and if they feel lonely and would like more social contact. Health, emotional, social, spiritual and practical needs are also addressed. The model involves raising public awareness on the importance of social support to health for seniors; providing education and skill building for volunteers who would like to assist or visit seniors; and developing partnerships to increase support and services for seniors.¹⁵

Home Risk Assessment

The City of Calgary Seniors Services staff members have been working with the Calgary Chinese Elderly Citizens' Association (CCECA) staff to develop a home safety assessment program for low-income Chinese seniors. The project will train volunteers to assess seniors' home for safety concerns and home repairs. The volunteers will assist seniors to access provincial and federal grants to cover the costs and refer them to the CCECA outreach workers for help with the applications.

When I am not able to live independently, I won't be able to depend on my family because they are getting older.

Durham County in England offers a free of charge Home Risk Assessment. Funded by agency partners, the program promotes safety in the homes of older adults and aims to prevent hospital admissions and promote independent living. The assessment identifies potential tripping and falling hazards, and provides advice on accident prevention and the correct disposal of out of date medicines. Volunteers provide administration support and carry out the assessments. They receive training and ongoing support. The program also makes referrals to other helpful services in the community.¹⁶

Focus group participant

Shopping

In Regina, the Family Service Regina has partnered with schools and agencies to provide grocery shopping and delivery to seniors in Regina. Family Service Regina takes grocery orders over the phone, and students shop for the seniors. Another agency, Sherwood Cooperative Association Ltd. arranges the delivery and payment.¹⁷

3. Health and Well-being

Factors affecting Health and Well-being

- Delay in follow-up by Home Care after discharge from hospital
- Gaps or discrepancies in information transferred between providers in the healthcare system (e.g., between information conveyed by hospital staff and information contained in a Home Care or rehabilitation plan)

¹⁵ Jaimault, M. and Nowack, A. (2002). Building Support Networks for Isolated Seniors. City of Ottawa.

http://www.ohpe.ca/index2.php?option=com_content&do_pdf=1&id=177

¹⁶ http://www.ageconcern-durham.org.uk/services_and_activities/handy_van/index.asp

¹⁷ <http://www.familyserviceregina.com/services.grocery.html>

- Not being able to obtain the physical or occupational training prescribed in a rehabilitation plan because staff are in short supply or the recreational facility is not funded to provide programming
- Not being able to communicate effectively with healthcare providers for reasons of language or culture
- Needing information from the healthcare system and not knowing where to find it
- Needing assistance to interpret eligibility requirements for programs or services and not knowing where to go
- Not being able to get to medical appointments for reasons of mobility
- Finding medication and dental care fees excessively expensive
- Stress affecting families and their ability to act as caregivers

Health and Well-being: Solutions

- Encourage multi-disciplinary teams of doctors, nurses, dieticians, home care and other professionals to work together in providing care to seniors
- Involve people closest to seniors (family, friends, parish nurses) in the design of healthcare and home care services to seniors
- Encourage institutions, such as teaching universities and hospitals, to provide training to improve healthcare workers' understanding of and empathy for seniors
- Improve the coordination of information between healthcare providers and the communication of that information between healthcare providers and seniors and caregivers
- Provide respite opportunities for family caregivers
- Consider paying family or friends to provide home and follow-up care
- Take into account patients' cultural and language needs or sensitivities when providing healthcare and home care services
- Review the costs of health and dental services for seniors
- Increase compensation to home care workers and other healthcare workers to improve rates of recruitment, retention and job satisfaction
- Develop tools that encourage and empower seniors to ask questions of medical professionals and help them to keep track of their own health information

Health and Well-being: Alternative Approaches

Visits by Family Doctors

Some family doctors in Canada have started to visit patients in their homes, which contributes to seniors' ability to continue living independently. Dr. Mark Nowaczynski in Toronto makes home visits to his senior patients who want to age in place, and photographs them. His concern is for frail, housebound seniors who are unable to visit the doctor but have healthcare needs, yet are not sick enough for hospitalization. By photographing his patients Dr. Nowaczynski is trying to bring them into the light.

Dr. Nowaczynski claims that a doctor can care for 200 patients at home, but one working with a multidisciplinary team can care for about 350 patients. He is trying to work on solutions for these "hidden" seniors and suggests that supports be put into place for them now.¹⁸

Another doctor is making house calls with older seniors in Vancouver. Dr. John Sloan says, "We do it at home and we do it on a primary-care level." That, he argues, is where the money and the care should go.¹⁹

Seniors' Clinic

The Good Samaritan Society has a Seniors' Clinic and a multidisciplinary team that makes house calls for seniors. The team consists of physicians trained in care of the elderly, a geriatrician, nurse practitioners, licensed practical nurses, a clinical nurse specialist/manager, physiotherapists, a social worker and a unit clerk. The team offers health promotion and intervention for seniors.

The clinic is located in a strip mall close to a bus stop in Bonnie Doon, and is open 8 a.m. to 4 p.m. Monday to Friday. On-call nursing services are available for clients who are medically unstable. The clinic is wheelchair accessible and designed to provide a "senior-friendly" atmosphere. The clinic receives referrals from geriatric consultant services, home care, community health nurses, acute care, sub-acute facilities, family physicians, discharge co-ordinators, regional mental health, NARG, clients, families and others. Most referrals are initiated by home care/community care coordinators or family, caregivers and the seniors themselves.

Physicians at the clinic realize that seniors' issues are more complex and require additional time to assess them. Seniors often need up to an hour for a thorough assessment; however, under the present system the fee per service is based on 15 minutes per visit.²⁰

Involvement of Parish Nurses

A parish nurse is a registered nurse with specialized knowledge who is called to the ministry and affirmed by a faith community to promote health, healing and wholeness.²¹

¹⁸ CBC News Sunday (Sept. 16, 2007). Crusading Doctor.

http://www.cbc.ca/sunday/2007/09/091607_1.html

¹⁹ Shaw, G. (2007). "Key to elder care: Avoiding hospitals". *Vancouver Sun*, Nov. 2.

²⁰ This is just one example of seniors' health service with a primary care focus. Others in Edmonton include the Capital Health Primary Care Networks, the specialized geriatrics out-patient clinics, CHOICE and the START Day hospital.

²¹ The Canadian Association for Parish Nursing Ministry. http://www.capnm.ca/fact_sheet.htm

A group of parish nurses practising in Edmonton indicated that they would like more resources and to get to know staff in agencies or healthcare settings as a way to access those resources and assist with referrals for patients.

4. Home Maintenance and Housing

Factors affecting Home Maintenance and Housing

- Not knowing where to find skilled, reliable people to provide house repairs and maintenance (snow shovelling, grass cutting) at an affordable price
- Worrying about the increasing cost of rents, condo fees and property taxes
- Not being able to find alternative accommodation due to a shortage of housing or long wait lists for facility living
- Being forced by high rents to move to smaller, cheaper units or live with relatives

Home Maintenance and Housing: Solutions

- Facilitate and support programs run by non-profit organizations or seniors' centres that provide handyman or home maintenance services to seniors at low or no cost
- Review the zoning requirements to increase the housing options for seniors
 - Make it easier for seniors to rent a portion of their house at a reduced rate in exchange for maintenance or housekeeping services; Provide information, such as tip sheets and a contract template, to assist seniors in making this decision
 - Partner with non-profit or other organizations with space that could be converted to housing units
- Identify options to reduce taxes and make it easier for seniors to remain in their houses (i.e., reduce the education tax, defer tax increases)

Home Maintenance and Housing: Alternative Approaches

City Links

Calgary's City Links program offers Home Maintenance Services to low-income seniors aged 65 and older. Designed to help seniors live safely and securely in their homes, the services include basic yard work (lawn cutting, yard clean-up, eaves trough cleaning), snow removal, painting and minor repair (interior and exterior painting necessary to maintain a home; fence, deck or stair repair or replacement to prevent safety hazards) and housecleaning (routine interior tasks). Clients are required to pay for the supplies and materials; however, City Links staff will assist them in obtaining the best prices. Requests are assessed and completed against a priority rating system. Jobs are limited in scope and restricted to one job a year, in an effort to serve the largest number of clients possible. The waiting period for the service can be as long as 12 months for housecleaning to two to three years for painting and repairs. To be eligible, seniors must

be unable to do the basic work required and be without family or community assistance. Applicants' income status will be verified.

Much of the work is undertaken by people who have completed City Links' Employment Preparation and Training program. To be eligible for the training, applicants must meet basic criteria, including facing one or more barriers to employment.²²

CHAMPS, Calgary

The City of Calgary also offers the Community Home Assistance Maintenance Program for Seniors (CHAMPS) to assist low-income seniors with home repairs and to help them obtain grants and funding for basic needs such as medical expenses. The program trains and employs newcomers, social assistance recipients, or other individuals interested in providing home repair maintenance. CHAMPS also helps with requesting quotes, locating trustworthy contractors and coordinating the work.²³

Elder Friendly Communities Project

The Elder Friendly Communities Project in Calgary is part of a nation-wide project to increase awareness of the growing seniors' population. The project began in 2000 with the collaboration between representatives of the City of Calgary, the Calgary Regional Health Authority, and the University of Calgary Social Work faculty. The project selected several target neighbourhoods with a focus on developing supportive environments for seniors and their families beginning by assessing the current state of services.²⁴

One of the target neighbourhoods was Haysboro, chosen for its high density of seniors, ethnically homogeneous population and mid-income level. As a community participant in the Elder Friendly Communities Project, the Haysboro Seniors Resource Group is dedicated to the goal of "seniors helping seniors." It does so through a number of initiatives, one of which is shovelling snow for seniors at a reasonable rate. The work is carried out by teens under the supervision of an adult.²⁵

Snow Removal

Several other community-based and regional seniors organizations in Calgary provide snow removal assistance to seniors. Some limit their service to seniors within their communities. They are advertised on the City's website.

In 2007, the City of Calgary launched the fifth year of the Snow Angels campaign. Snow Angels encourages community residents to shovel snow from sidewalks for their neighbours who may not be able to. The initiative is marketed via radio, television, newspapers and signs in communities.²⁶

²² <http://www.calgary.ca>

²³ <http://www.calgary.ca>

²⁴ <http://www.calgary.ca>

²⁵ <http://www.elderlycommunities.org>

²⁶ <http://www.calgary.ca>

5. Other Factors

- Worrying that pensions will not keep pace with the increasing cost of living
- Experiencing financial or emotional abuse from family members
- As an immigrant, having to rely on sponsors' willingness or ability to meet their financial obligations, and worrying about what will happen if the relationship breaks down
- As a member of an Aboriginal or immigrant group, experiencing discrimination
- Having an income that is difficult to live on but not low enough to qualify for assistance
- Needing assistance to interpret eligibility requirements or apply for programs or services and not knowing where to go

Other Factors: Solutions

- Continue to support programming that promotes awareness of elder abuse and provides services for victims and abusers
- Review and lower the current residency requirement of the Alberta Seniors Benefit to make it available to eligible newcomers sooner
- Continue to promote cultural awareness and sensitivity at all levels, including by asking multi-cultural organizations to provide information in other languages
- Encourage seniors' organizations to participate in multi-cultural activities

Other Factors: Alternative Approaches

Culture-Specific Programming

Mid-Toronto Community Services (MTCS) offers programs for seniors to remain living in their homes. Since Koreans are the third largest ethno-cultural group in Toronto, MTCS decided that a Korean Meals on Wheels would respect the culture of this group and assist Korean seniors to live independently in their home by providing nutritious meals and a daily connection with a volunteer. Volunteers from the program are sometimes the only contact an isolated senior sees during the day. Volunteers also assess whether the senior requires assistance or not. The program also delivers Chinese and South Asian meals on wheels.²⁷

²⁷ Mid-Toronto Community Services Inc. Meals on Wheels programs.
http://www.midtoronto.com/programs_mealsonwheels.html

Calgary FCSS funds two programs that assist seniors from other cultural groups. One is a homemaking program and the other is an Innovative Caregivers program. The homemaking program is based on a study that identified two groups: seniors of various cultural backgrounds who require homemaking services and other women from similar backgrounds who are home alone during the day. The program trains Chinese, Aboriginal and South Asian women as homemakers and matches them to seniors from similar cultural groups that require homemaking services.

Under the Innovative Caregivers program, bilingual outreach workers serve as companions to seniors during the day. The program has assisted seniors with physical and social limitations from diverse cultural backgrounds. Presently the workers provide companionship in the home, but in the future, that service may be extended to outside the home, to include grocery shopping and other outings. Outcomes for the programs indicate an increase in the ability of vulnerable seniors to access resources and social connections in the community, an increase in their confidence to make decisions and improved safety in daily living settings.

Calgary hosted a Seniors Information Fair at Marlborough Mall in partnership with Calgary Health Region, Aspen Family and Community Services, Calgary Catholic Immigration Society and others. Language interpreters were available to help seniors, whose first language is not English, obtain information about services.²⁸

6. Social Isolation

Alternative Approaches

Gatekeeper Program

The purpose of the Gatekeeper Program in Portland, Oregon is to identify and connect older community members with services in a very proactive manner. These are people who may need help but do not want or know how to get the help they need. The traditional approach to identifying older adults who need services involves waiting for them to contact social service agencies and health care providers or obtaining referrals from other agencies that already serve them. The problem with this approach is that older people may not recognize that they need help or may not know whether or how to look for help when they do want it.

The Gatekeeper program identifies employees of community businesses that have regular contact with the public, trains them to recognize the signs that might indicate that an older person needs assistance, and encourages them to call the program to make a referral. The program then routes the referral to the appropriate service agency or provider. Constant community outreach ensures that a broad array of “frontline” employees is trained to recognize the signs and symptoms indicating that an older person may need help. Making a referral is easy and takes only a five-minute phone call. A single referral can be routed to a broad range of agencies that serve older adults.

²⁸ The three examples are from the City of Calgary. (April 2007). Seniors services division, current projects, programs & initiatives. <http://www.calgary.ca>

The program provides training to employees of local businesses to recognize warning signs that indicate a person might need help. Examples include confused or disoriented communication, anger or hostility, confusion concerning money matters or difficulty paying bills, unkempt appearance or weight loss, or a neglected yard, house, or pet.

Employees are then walked through the simple process of calling the Gatekeeper phone line to make the referral, which usually takes no more than five minutes. The caller only needs to provide basic information about the person being referred, such as name, gender, approximate age, address, phone number, and a short description of the situation that prompted the call. Information is entered into a database and dispatched to the appropriate office(s) for further assessment and action. If the caller wishes, the referral can be anonymous.

Seniors' Cafes

Mather Café Plus in Chicago, Illinois serves older people who are not interested in attending traditional senior centres. The program has created three attractive storefront venues that have become “hang-out” places for older adults, with food as the major attraction.

For a lot of people, the seniors' centre is their family.

Focus group
participant

Each of the cafés offers reasonably priced, varied menus and opportunities to take advantage of programs and services that older adults find interesting and/or vital to their independence. Offerings include exercise programs, computer classes, information and

assistance, and opportunities to meet with a nurse or social worker to discuss individual concerns.

Becoming a member provides access to classes at a discounted rate. The menu, services and daily programs offered were all created from feedback provided by older community members through needs assessments, surveys, and focus groups.

A fourth “Café Without Walls” is available in a church in another community, offering lunch and a lecture or another activity once a month. An average of 300 older people attend each month, suggesting that this neighbourhood may be a site for an additional café. In total 2,800 have taken computer classes at the cafés, 80 percent of whom have gone through the four levels of classes. There are also specialty classes. Ages of class participants range from 55 to the early 90s.²⁹

Senior Connect, Calgary

The Senior Connect, a 24-hour help line, is citywide and has trained over 6000 “connectors” (e.g., postal workers, meter readers, etc) to look for signs that a senior is at risk of isolation. The program is in a partnership between the City of Calgary, the distress line, and FCSS funded agencies that provide outreach to seniors.

When a call comes in, an intake worker is sent out to visit the senior and make referrals to the appropriate agency. A coordinator trains volunteers and provides a “toolbox” to guide their decisions. A senior may refuse help and be reported several times, and each time a worker is sent out. It often takes a few visits by a worker before the senior accepts assistance. The distinction between this program and the Edmonton Lamplighter

²⁹ National Council on Aging. <http://www.ncoa.org>

program is that Senior Connect has one full-time staff person dedicated to the program.³⁰

Contact, Connect and Contribute

A Calgary report describes a model to counteract the effects of social isolation. “Contact, Connect and Contribute” is based on research evidence that points to a relationship between reduced social isolation of elders and improved physical and emotional health.³¹

The report’s Template for Action begins two levels of assessment – individual and community – using the Lubben Social Network Scale (LSNS). Dual assessment is based on “worldwide recognition that as the elder population grows, elder health and community health is increasingly interrelated” (p. 4). Answers by family and friends to questions on the individual scale provide a balanced picture of a person’s social and emotional isolation. The community assessment uses multiple indicators to rank communities where seniors are most in need and to flag those locations where supports may be necessary. A multiple indicator approach provides a more accurate assessment because, “Living alone is not a reliable indicator on its own of social isolation” (p.5). However, a senior on a low income, who is unable to speak English *and* lives alone is more likely to be socially isolated.

Contact is the first and most important step in a three-step process. It recognizes that “Isolated elders are difficult to contact whatever their living arrangements” (p. 5). Known and trusted contacts in neighbourhoods where seniors live are the ones more likely to make a successful first contact. The “known and trusted” include city outreach workers and members of faith groups. Their attempt to initiate contact with the senior may be done through informal partnerships with others with whom seniors interact regularly and have come to trust, such as doctors or pharmacists. The person making the first one-on-one contact has to identify places in the neighbourhood that even isolated seniors visit, such as pharmacies, grocery stores, libraries or doctor’s offices. That person then has to look for opportunities to approach the senior.

The second step, connection, builds on the initial contact and works towards developing continuing supportive social networks between elders. These include forming a buddy system, setting up a senior-to-senior telephone tree, providing transportation to neighbourhood meetings and events, and inviting the senior to participate in mall walking or regular exercise activities.

The final step, contribute, involve building relationships that permit seniors to contribute to the community in ways that enhance community life and seniors’ well being. Examples of activities that will assist seniors who have become socially connected in the neighbourhood are facilitating snow removal, home and yard maintenance; and planning and participating in health and wellness programs, faith programs or safety and security groups.

³⁰ <http://www.calgaryseniors.org/seniorconnect>

³¹ Elderly Friendly Communities Program. (2003) “Contact, Connect, Contribute: Moving Disconnected Calgary Elders towards Community Contribution.” www.elderfriendlycommunities.org

7. Aging in Place

Alternative Approaches

Aging in the Shadows

The 2005 report by the New York United Neighborhood Housing project is based on the finding that, “Of all seniors living alone and below the poverty line, one out of three sees neither friends or neighbors for as much as two weeks at a time, and one out of five has no phone conversations with friends.”

The report describes some model programs that address needs of seniors such as: assisting seniors where they live, with Meals on Wheels, supportive service programs, and home visits; offering integrated senior programs settlement houses and community centres; providing caregiver support; setting up a program of volunteer companions, brings seniors together and encourages seniors to be tutors and mentors for children and youth.

Recommendations to New York City to address isolation include:

- promoting and supporting elder friendly communities by demonstrating leadership in refusing to tolerate ageism and discrimination against seniors;
- assessing seniors’ needs and developing a voluntary registry for seniors to track their well-being;
- conducting extensive outreach to ensure seniors are aware of services for them; and
- funding agencies that offer services to seniors to address emerging needs.³²

Building Aging-Sensitive Communities

In a paper written in collaboration with the Funders’ Network for Smart Growth and Livable Communities, Deborah Howe makes the point: “...the reality of the aging of the baby boom generation is such that, proportionately and numerically, society stands to be overwhelmed by the needs of older people.” She concludes that it is in “our collective best interest, as individuals and as a society, to aggressively transform our communities so that they are aging sensitive, thereby enabling older people to maintain their independence and ensuring efficiencies in providing services to lessen the strain on caregivers.”³³

The planning, or unplanned growth, of North American cities has failed to take into account the concept of “lifecycle” communities. This approach acknowledges that land use patterns and housing alternatives can have a bearing on the extent to which a person can live his or her whole life in one neighbourhood, and that supports may be needed to make communities more age sensitive. For instance, an inner-city neighbourhood may already have a physical environment supportive of aging – evidenced by a variety of housing options and frequent bus services – but crime and poverty require investments in social services. An older suburb may need new seniors

³² <http://www.unhy.org/advocacy/pdf>

³³ Howe, D. (2001) “Aging and Smart Growth: Building Aging-Sensitive Communities.” Funders’ Network for Smart Growth and Livable Communities and Grantmakers in Aging.

housing and expanded transit services to accommodate residents' lifecycle. A new suburb may need changes in zoning regulations to introduce commercial development, such as shops and services within reach of a neighbourhood.

Currently, in most cities, people have to move from their neighbourhood as they age and their needs change. Often what happens is that the person tries to stay in his or her home as long as possible, sometimes until a crisis forces a move.

At this point caregivers, be they family, friends or agencies, seek out and use available options, even if they are less than ideal. This is not the time when people advocate for changes in land use patterns or improvements to the transit system, sidewalks or other aspects of the built environment. When the crisis is over, the survivors get on with their life without acting on what they have learned so as to make the community better for others.

Howe cites the Evergreen Institute on Elder Environments in Bloomington, Indiana as an example of effective community planning. The institute works in partnership with a city hospital, the city, Indiana University and other organizations. It has involved over 1,000 citizens of all ages in a discussion of what constitutes a healthy neighbourhood for older people. Using household surveys, ethnographic fieldwork and information from other sources, the institute has derived several design principles for a healthy environment: neighbourliness; an environment for growth, learning and autonomy; a positive image; diverse and affordable housing options; and an intergenerational community.

The principles have underpinned a series of community initiatives, including reverse mortgage and home modification programs; ECHO housing; a mixed use, mixed income senior housing project; sidewalk and other urban amenity improvements; and a health co-operative combining preventive care and voluntarism.

Elder Cottage Housing Opportunity, or ECHO housing, refers to portable, fully accessible cottages placed on the lot of a single-family house to provide accommodation for an older person. An ECHO house, by design, is removed once the occupant no longer needs it. Proponents have considered this to be one of its selling features: it is not a permanent addition to the housing stock.

Other housing alternatives or policies adopted by municipalities in North America include:

- converting buildings at the heart of a community into accommodation for seniors (Schools and a former municipal hall are examples.);
- group housing and home sharing both of which often require a zoning change;
- accessory apartments, which are separate dwellings created out of extra space within, above or on the lot of a single-family house or garage; and
- incentives to developers for the construction of housing for older adults, such as bonuses or a point system that rewards the siting of elderly housing in close proximity to services.

Summary of Findings

Theme	Needs	Current Situation	Actions Proposed	Your Suggested Priority Recommendations	Resources to Complete	Lead		
Mobility and Transportation	<ul style="list-style-type: none">• More accessible public transit• More easily negotiable sidewalks and roads• Door to door access	<ul style="list-style-type: none">• A number of barriers impede seniors' ability to use the public transit system and other modes of transportation such as assisted drivers or DATS.• Barrel Taxis provides a seniors' discount.• Volunteer driver services offered by some agencies are limited due to a shortage of drivers and funding.	<ul style="list-style-type: none">• Pursue the recommendations put forward by the Steering Committee on Seniors' Transportation• Encourage private taxi companies to provide senior friendly training to their drivers• Explore alternative models of primary care delivery, with the view to providing health care to immobile seniors in their homes			City Role	Other Organizations	
Home Maintenance and Housing	<ul style="list-style-type: none">• Alternative housing and building design	<ul style="list-style-type: none">• 122 non-subsidized life lease units exist in Edmonton. Otherwise the housing options between independent living and assisted living (or institutional living) appear to be limited for seniors.	<ul style="list-style-type: none">• Review zoning requirements and offer incentives to increase housing options for seniors (e.g., shared housing)• Encourage universal design and "visitability" in all new housing construction					
	<ul style="list-style-type: none">• Options to reduce the costs associated with home ownership	<ul style="list-style-type: none">• Homeowner seniors are reimbursed the increase in education tax under the Education Property Tax Assistance plan (average about \$40 per annum).• Homeowner seniors were offered the option of deferring the increase in property taxes when the city introduced market value assessment. (Only 26 seniors enrolled.) This program is currently under review for reinstatement.	<ul style="list-style-type: none">• Reinstate the tax deferral option and increase seniors' awareness of it• Consider other options to reduce taxes and make it easier for seniors to remain in their homes• Introduce bylaw changes to allow rental units in single family houses• Advocate for rent controls					
	<ul style="list-style-type: none">• Home maintenance services, including repairs and seasonal jobs (grass cutting, etc.)	<ul style="list-style-type: none">• A Home Services program run by SAGE assists seniors in finding workers for maintenance/repair or handyman services at an affordable cost (\$12 to \$20/hr). Some seniors cannot afford this. Three other non-profit agencies offer snow shovelling, yard work and housecleaning, but are unable to meet the demand.	<ul style="list-style-type: none">• Expand non-profit services for home maintenance (snow shovelling, yard work, etc.) and improve coordination• Expand and promote the Snow Angels program• Offer subsidies through existing home service program to increase access by low income seniors					

Theme	Needs	Current Situation	Actions Proposed	Suggested Priority Recommendations	Resources to Complete	Lead		
Daily Living	<ul style="list-style-type: none"> Information about programs and services and who to call for assistance 	<ul style="list-style-type: none"> No single source of information on services is available. SAGE provides a directory of services, and seniors' organizations provide information, but an additional phone call to each service is required to obtain details such as eligibility. Information may be posted on a website, but elderly seniors (and particularly new immigrants) tend not to use the net. Neither the directory nor websites are available in other languages. When a senior makes a phone call, he or she often gets a machine or is referred elsewhere. Seniors need help to navigate the healthcare system. 	<ul style="list-style-type: none"> Make information on programs and services available in easy to obtain and understand formats and in other languages Set up a one-stop information line for seniors Review outreach programs and activities with a view to increasing coordination and consistency and ensuring that a "real person" is available to guide seniors through the system Improve coordination between the 211 line, the Capital Health Link, and the City's 311 line 			City Role	Other Organizations	
	<ul style="list-style-type: none"> Contact with other people on a daily basis 	<ul style="list-style-type: none"> Up to 14 FCSS-funded and other programs provide outreach activities. Meals on Wheels volunteers check up on seniors. Capital Health's lamplighter training is available, but limited resources reduce its ability to train large numbers of people. 	<ul style="list-style-type: none"> Using the lamplighters concept, train residents to identify signs that seniors are at risk Expand the use of outreach or community workers to identify shut-in seniors Explore the option of training healthy seniors to visit and assist shut-in or immobile seniors Encourage businesses/seniors centres to set up seniors cafes Advocate for funding for home support programs Provide funding to ensure that outreach services are available in all seniors centres 					
	<ul style="list-style-type: none"> Physical adaptations to homes 	<ul style="list-style-type: none"> Provincial grants are available. Aging-in-place specialists are in short supply. 	<ul style="list-style-type: none"> Promote the use of home modification programs and help seniors to complete applications Work with the Edmonton Home Builders Association to develop training for Aging-in-place specialists Explore option of non-profit services for home maintenance and adaptation 					
	<ul style="list-style-type: none"> Help with personal care and meal preparation 	<ul style="list-style-type: none"> Home Care provides personal and medical care only. Qualified staff are in short supply. Meals on Wheels is available at a charge. All senior centres operate food services. <p>Other for-profit and non-profit residential homemaking services exist, but fees often apply. Non-profit organizations may only serve a certain area of the city.</p>	<ul style="list-style-type: none"> Increase funding for homemaking services to improve access by at-risk seniors Encourage grocery stores to provide a bus or home delivery service for senior shoppers 					

Theme	Needs	Current Situation	Actions Proposed	Suggested Priority Recommendations	Resources to Complete	Lead		
Health and Well-being	<ul style="list-style-type: none"> Improved communication between health providers and seniors and seniors 		<ul style="list-style-type: none"> Encourage multi-disciplinary teams of medical professionals to work together in providing care to seniors Improve coordination of information between healthcare professionals and seniors Advocate for “seniors awareness” training by institutions training healthcare workers 			City Role	Other Organizations	
	<ul style="list-style-type: none"> Timely access to the full range of services needed 	<ul style="list-style-type: none"> Home Care and other community care services are available, but the shortage of healthcare workers contributes to delays in service. 	<ul style="list-style-type: none"> Advocate for increased funding for the training and recruitment of healthcare workers 					
	<ul style="list-style-type: none"> Ability to communicate effectively with health care providers in other languages 	<ul style="list-style-type: none"> The health system uses interpreters but this service may not be available through Home Care. 	<ul style="list-style-type: none"> Take into account patients’ cultural and language needs when providing healthcare and home care services 					
	<ul style="list-style-type: none"> Information on the healthcare system and help in interpreting eligibility requirements 	<ul style="list-style-type: none"> System is fragmented, and all program information cannot be obtained through a single source. Application process can be complicated or require information not easy to remember or retrieve (such as dates). 	<ul style="list-style-type: none"> Improve promotion of the Capital Health Link to older seniors as well as the 211 and 311 lines 					
	<ul style="list-style-type: none"> Transportation assistance to get to medical appointments 	<ul style="list-style-type: none"> For anyone with mobility problems, DATS may not be available, and taxis are expensive. 	<ul style="list-style-type: none"> Part of transportation plan 					
	<ul style="list-style-type: none"> Financial assistance to meet medical-related fees 	<ul style="list-style-type: none"> AHIP “Coverage for Seniors” includes 70% coverage for prescription drugs to a maximum of \$25 per prescription, ambulance and other medical services. New drugs are sometimes not covered by the plan. Dental Assistance for Seniors Program provides basic dental services for low-income seniors. Optical Assistance for Seniors reimburses eligible seniors up to \$230 for prescription eyeglasses every three years. 	<ul style="list-style-type: none"> Encourage province to subsidize dental and eye services for seniors beyond the basic services 					
	<ul style="list-style-type: none"> Respite for family caregivers feeling stress 	<ul style="list-style-type: none"> Some respite care and adult day support service is available through Capital Health and non-profit agencies. 	<ul style="list-style-type: none"> Encourage Capital Health to provide additional respite opportunities for families through the seniors centres and to consider paying family, friends or neighbours to provide home and follow-up care 					

Theme	Needs	Current Situation	Actions Proposed	Suggested Priority Recommendations	Resources to Complete	Lead		
Other Factors	<ul style="list-style-type: none"> Financial assistance to meet rising costs of living 	<ul style="list-style-type: none"> Some financial assistance is available, including seniors discounts (e.g., for bus passes). Seniors may be eligible for programs they are not aware of or may need help in completing application forms. 	<ul style="list-style-type: none"> Review eligibility requirements for services with a view to lowering the ceiling Make information on programs and services available in easy to obtain and understand formats and in other languages 			City Role	Other Organizations	
	<ul style="list-style-type: none"> Escape from abuse by family, including sponsorship family where senior is an immigrant 	<ul style="list-style-type: none"> Immigrant seniors may not know their rights or may be afraid to complain for cultural reasons. Some immigrant serving agencies offer information and referral services to seniors and support groups, but do not appear to provide outreach. Several agencies provide services related to family violence or abuse (safe housing). The City is a partner in the Elder Abuse Invention Team. 	<ul style="list-style-type: none"> Continue to support programming that promotes awareness of elder abuse and provides services for victims and abusers Develop programs to provide companionship and create an environment where seniors feel comfortable asking for help Train neighbours and others (postal workers) to identify signs of abuse (Gatekeepers or Seniors Connect programs) Extend cultural specific programming 					
	<ul style="list-style-type: none"> Being financially dependent on family who may not be reliable 	<ul style="list-style-type: none"> Financial assistance is available from provincial and federal governments, but there is a ten year residency requirement for OAS and the Alberta Seniors Benefit. Subsidized accommodation is based on 30% of income; utilities and supportive services (housekeeping) are additional. 	<ul style="list-style-type: none"> Review and lower the residency requirement of the Alberta Seniors Benefit to make it available to eligible newcomers sooner 					
	<ul style="list-style-type: none"> Experiencing discrimination for reasons of language or culture 	<ul style="list-style-type: none"> Immigrant seniors may not know their rights or may be afraid to complain for cultural reasons. Some agencies offer seniors counselling and support groups. 	<ul style="list-style-type: none"> Encourage seniors' organizations to participate in multi-cultural activities 					

Final Recommendations

Action Proposed

City Support Resources	<ul style="list-style-type: none">• That Edmonton City Council fund and support an Aging in Place strategy designed to increase awareness of and assist seniors at risk, and that the strategy be piloted in those neighbourhoods with the largest populations of seniors over 75 living in their own homes• That the City of Edmonton provide the expertise and resources needed to launch the Aging in Place strategy
Implementation Plan	<ul style="list-style-type: none">• That the City of Edmonton work with the Edmonton Seniors Coordinating Council and other seniors serving organizations to plan and implement the neighbourhood strategy• That the City of Edmonton set up a working committee of representatives from the City, Capital Health, the Edmonton Seniors Coordinating Council and other seniors serving organizations to identify the jurisdiction responsible for each of the actions proposed in this report, determine how to convey the information to each body, and develop an implementation plan for those actions falling under the jurisdiction of the City
Neighbourhood Pilot Sites	<ul style="list-style-type: none">• That the City of Edmonton identify one or two neighbourhoods to target using data such as the age of residents, the age of housing stock, the number of seniors living alone and the availability of local services including transit.
Outreach	<ul style="list-style-type: none">• That the Edmonton Seniors Coordinating Council be asked to review outreach services currently available to seniors, including those with language and cultural preferences, with a special focus on the elderly at risk; and be encouraged to involve seniors centres in planning and co-ordinating the changes required to outreach services across the city
Transportation	<ul style="list-style-type: none">• That the City of Edmonton follow-up with some of the transportation and mobility-related solutions put forward in this study and by the Transportation Steering Committee, in recognition of access to transportation as an indicator of social isolation

V. OBSERVATIONS AND CONCLUSIONS

What was Learned

Aging and Migration behind Growth of Seniors

Edmonton is evolving as a city. Population growth in the past two years has been rapid and unprecedented, fuelled largely by the strong economy. The City's projections have highlighted growth in the over 75 years group, which between 2005 and 2011 is expected to increase 18.5 percent; and for decades, planners have been talking about the explosion in the number of seniors as baby boomers age. What was not expected was the recent influx of seniors. More seniors are moving to Alberta than are leaving. These are mainly parents of the families who have migrated to the province to work.

Almost 42,000 people over the age of 75 live in Edmonton today. As is shown in the two maps in the section on demographics, most of this group reside in a few neighbourhoods in the southeast and northeast of the city, many in houses built in the 1970s or earlier. Seventy percent of all seniors over 85 is a woman. Seniors aged 75 and older may be reaching the point of having to decide whether to move into a care facility or stay in their homes. It can be assumed that most would prefer to do the latter. However, they may not be able to maintain a home and remain healthy without considerable help.

Seniors' Futures Affected by Economy

The impact of the economy will affect the decisions that seniors make about their future. Recently released rates show inflation at 5.4 percent over the past year and almost 20 percent over the past five years. Relatively large increases have been seen in the cost of utilities, and property taxes are expected to increase substantially in 2008. At the same time, workers in every field and at all levels are in short supply, including in healthcare and home maintenance services. The factors will affect the ability of some seniors to remain in their houses. However, the demand for assisted housing and the shortage of healthcare workers will shrink their options to move.

Mobility and Transportation Common Concern

Based on the consultation with seniors, the most serious issue for Edmontonians aged 75 and older is mobility and access to transportation. As they age, Edmonton Transit is becoming a less viable option for seniors, particularly those with mobility problems. But as costs increase, fewer will be able to afford taxis. Lack of transportation is directly related to a loss of independence. More importantly, if people are unable to move about the city, or even within their own neighbourhoods, they become more socially isolated. At present, many seniors lead relatively independent, healthy lives – but this situation can change rapidly with people of this age. In addition to the issue of getting about, seniors are worried about living on a fixed income given escalating costs. They want more information about programs and services, and to take advantage of those that will benefit them.

Needs of “Socially Isolated” Not Well Understood

However, it is important to note that the seniors consulted for this report were all involved with a seniors' centre or program, including those who were interviewed at home. In other words, none qualify as “socially isolated” – a group that by definition is difficult to reach and is usually identified by the healthcare system only after a crisis has

occurred. Consequently, where and how this group can be found has yet to be determined, and its needs remain unknown.

Aging in Place Best Option

We have long foreseen the implications of population aging and the affect on our society. Now the future is here. In Edmonton, the economy has added urgency to the need to act. Several hundreds of citizens over the age of 75 may soon need help to stay independent and well. From all accounts, seniors live longer in their homes, and keeping them there can be a more cost-effective option.

A Canadian study by Chappell et al³⁴ found home care to be significantly less costly than residential care even when informal caregiver time was valued at replacement wage. Overall, costs for community-based care averaged \$8,900 a year, while residential care averaged \$30,000 a year.

Canadians seniors trust their neighbours and want to stay in their homes and neighbourhoods as long as they can. Helping seniors to age in place cannot be accomplished without substantial changes, however. And changes are needed across the spectrum: at one end is our mindset and understanding of seniors; at the other is the physical environment; in between are services at a provincial, city and neighbourhood level.

An Aging in Place Neighbourhood Strategy

Rationale

This research for this report supports an Aging in Place strategy, where “place” refers to a neighbourhood. The strategy starts with the assumption that seniors trust their neighbours, and that neighbours care and are willing to look out for each other. The thinking behind the strategy is that human contact and aging are healthy features of life; and the more seniors are engaged and visible in their neighbourhood, the more likely they will receive help before a problem escalates to a crisis. Engagement not only prevents social isolation, therefore, it creates opportunities for a senior to seek help or for others to observe changes in the senior’s ability to manage.

The Aging in Place study is founded on four cornerstones: volunteerism; natural social networks of friends, family, neighbours; services delivered to homes and neighbourhoods (by individuals or agencies such as healthcare and home help); and a strong municipal body that uses its influence and wide-picture perspective to ensure that all necessary supports are available. Those supports may include coordination, expertise, funding, programming, information, technology, administration, publicity and the like.

³⁴ Chappell, N. L., B. Havens, M. J. Hollander, J. A. Miller, and C. McWilliam. (2004) Comparative Costs of Home Care and Residential Care. *The Gerontologist* 44:389-400.

Pilot Project

The strategy would be tested in neighbourhoods with high concentrations of seniors ages 75 and up, such as Kensington, Ottewell and Pleasantview. It would focus on seniors living in houses, because this group is more likely to be at risk of isolation or injury and because, if seniors are to stay in their homes, they will require help to maintain the property (snow shovelling, etc.). However, seniors in apartments and condos would also be assisted.

Components of a Neighbourhood Strategy

The strategy may have several components, but the key ones are these.

Planning. The City identifies those neighbourhoods where elderly and at-risk seniors are concentrated, assessing local factors that affect seniors' mobility or quality of life (transportation, access to shops), and uses the findings to target and plan the pilot project and develop a city-wide awareness campaign. Planning is done in consultation with the Edmonton Seniors Coordinating Council and seniors serving organizations.

Conversation. The purpose of the pilot project is explained to the neighbourhoods chosen, and residents are helped to start thinking and talking about seniors, their history, their values, what they contribute, where they live, and the kinds of lives they lead.

Awareness. In facilitated small group sessions or a large meeting at a community league, residents are made aware of seniors potentially at risk – how to recognize a problem and how to help. Residents are encouraged to look out for their senior neighbours.

Access: Everyone is given a chance to participate in the discussions. This may require holding sessions in accessible local buildings, driving incapacitated seniors from their homes to the meetings, and, possibly, providing interpreters.

Connections: Under the model proposed, the Seniors Coordinating Council is funded to help plan and facilitate volunteer run programs to respond to seniors' needs for house maintenance, driving and the like. Volunteers are trained to provide help. Since it is beneficial to know the neighbourhood, volunteers are recruited from target groups such as young seniors, teens at a local high school, or stay at home parents. The training includes knowing the boundaries of a relationship and knowing who to call to make a referral or obtain advice when a problem is suspected.

Outreach and advocacy: Organizations such seniors' centres, community leagues or agencies are funded to take services to seniors in their homes, or receive help to bring seniors into a central location for an activity. Approaches are made to local businesses to encourage their participation, for example, by providing staff to help seniors with shopping.

Ongoing efforts: More programs are developed as engagement and interest grows. The objective for Year 2 or 3 is to get more seniors out of their homes and into the community. This is achieved, for instance, through intergenerational programs, such as Fresh Start (young moms and their children meet seniors for morning coffee at the community league, library or a local church), school mentoring, and low-cost bus trips to city events and places of interest inside the city or beyond.

Patterned on Current Approaches

This study proposes an approach not unlike that used for a local improvement program, where the City planning department goes to a neighbourhood with its plan, supported by a rationale, and holds public meetings to discuss implications and the impact on residents. With aging in place, the plan would involve social building rather than the replacement or rehabilitation of infrastructure.

Roles for City

The City of Edmonton is pivotal to designing, implementing and promoting such a concept. Its roles would include:

- **Researcher** – drawing on city data and expertise to identify the target neighbourhoods and develop the plan; using staff in Neighbourhood and Community Development to identify seniors at risk.
- **Facilitator-connector** – bringing organizations such as Capital Health and the Edmonton Seniors Coordinating Council and seniors serving organizations together to discuss the issues; working with community leagues, church groups and others in the pilot neighbourhoods; funding and resources to implement the plan.
- **Advocate** – putting forward a business case for an aging in place strategy and seeking financial support from other levels of government or sources; ensuring that seniors' and related issues stay high on the provincial and federal governments' agendas, including affordable housing for seniors.
- **Awareness raiser** – encouraging every city department to examine the impact of population aging on its role and operations; working with the Transportation and Planning Departments to identify ways to make neighbourhoods more liveable; introducing a city-wide campaign to raise the public's awareness of seniors' issues.
- **Provision of expertise** – designing tools such as a starter kit ("Starting the Conversation") and other materials; developing training; providing small group facilitators; monitoring the strategy to ensure that the goals are achieved.

Role for Edmonton Seniors Coordinating Council

Likewise, the role envisioned for the second key player, the Edmonton Seniors Coordinating Council, is similar to the one it has assumed for seniors' transportation. In fact, many of the issues raised in this study reinforce what was learned by ESCC, and may well be addressed in the organization's three-year plan.

The Edmonton Seniors Coordinating Council knows seniors' issues well and is connected to organizations such as seniors' centres. It is also expected to have credibility with seniors. Therefore, ESCC could become responsible for conducting an assessment of current outreach services to seniors and making recommendations to city council. This would involve ESCC working with seniors serving organizations to review outreach programs, determine what "outreach" means, and what is needed, and encourage a more coordinated approach.

The key to success lies in ensuring that ESCC has support from the City to achieve the objectives of the strategy. Success will also depend on eliminating competition between seniors' groups and encouraging cooperation.

Long-term Solutions

Of course, the model proposed above is only a stopgap measure. It is an expedient response to a problem that has been festering for years – necessary, but not sufficient. What the City of Edmonton should really be working towards are strategies to build liveable communities.

Liveable communities are defined as having

affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.

“Liveable” refers to day-in day-out tasks and activities that are the stuff of life. “Liveability means visible traffic signs, handrails, one-story living and no-step entry, sidewalks you can actually walk on, bus stops with benches, libraries and parks that are easily accessible and much more.”

Two key characteristics of liveable communities are affordable and accessible housing. The latter requires figuring out how existing homes can be modified and how new homes

When someone builds a home, they're not just building it for themselves – that home's going to be around for 100 years. These things hurt nobody – and they help a lot of other people.

Eleanor Smith as reported by the New York Times

built so that residents can operate freely and comfortably throughout their lives. This can be accomplished using Universal Design. Another important feature in making housing more accessible is "visitability." The term refers to making a home accessible for visitors who might have special needs – creating a home where the welcome mat truly welcomes everyone. In 1986, Eleanor Smith³⁵ founded a grassroots organization called Concrete Change after noticing that newly built residences in her home

city of Atlanta, Georgia were all designed with a series of steps to the entrances.

Concrete Change has now helped pass city ordinances in a number of major US cities. The organization advocates for three standards to be implemented in every home for a community to be visitable:

- at least one no-step entrance;
- doors and hallways wide enough for wheelchair navigation; and
- one bathroom on the first floor big enough to get into with a wheelchair and close the door.

³⁵ <http://www.concretechange.org>

Liveable communities not only serve seniors and people with disabilities, but they improve the quality of life for all citizens by making things more comfortable and convenient. They should offer adequate, smooth, wide sidewalks and well-marked crosswalks. They should make bike riders feel welcome with bike lanes and bike paths. And liveable communities should make it easy for those in wheelchairs to navigate curbs and give them adequate time to get across the street.

New neighbourhoods in Edmonton are often devoid of corner shops or walkways to shopping centres, so residents have to drive to pick up even minor purchases. As citizens in these neighbourhoods age, will they have to move or be faced with the problems identified by the focus groups for this study? Edmonton will look different again by 2030, when 61,000 residents are expected to be over 80 and the population more culturally diverse. Planning will have to begin now and different approaches will have to be considered if we want to move towards a liveable city that into account our future needs.

VI. RECOMMENDATIONS

- That Edmonton City Council fund and support an Aging in Place strategy designed to increase awareness of and assist seniors at risk, and that the strategy be piloted in those neighbourhoods with the largest populations of seniors over 75 living in their own homes
- That the City of Edmonton work with the Edmonton Seniors Coordinating Council and other seniors serving organizations to plan and implement the neighbourhood strategy
- That the City of Edmonton identify one or two neighbourhoods to target using data such as the age of residents, the age of housing stock, the number of seniors living alone and the availability of local services including transit
- That the City of Edmonton provide the expertise and resources needed to launch the Aging in Place strategy
- That the Edmonton Seniors Coordinating Council be asked to review outreach services currently available to seniors, including those with language and cultural preferences, with a special focus on the elderly at risk; and be encouraged to involve seniors centres in planning and co-ordinating the changes required to outreach services across the city
- That the City of Edmonton follow-up with some of the transportation and mobility-related solutions put forward in this study and by the Transportation Steering Committee, in recognition of access to transportation as an indicator of social isolation
- That the City of Edmonton set up a working committee of representatives from the City, Capital Health, the Edmonton Seniors Coordinating Council and other seniors serving organizations to identify the jurisdiction responsible for each of the actions proposed in this report, determine how to convey the information to each body, and develop an implementation plan for those actions falling under the jurisdiction of the City

VII. APPENDICES

Table 1: Characteristics of Interviewees

Characteristic	Number
Gender	
Male	5
Female	15
Age	
<75	6
>75	14
Accommodation	
House	7
Condo	1
Rent	11
Assisted Living	1
Living alone	13
First Language	
English	9
Cantonese or Mandarin	3
Urdu	3
Other	5
Area of City	
South	8
West	6
Central	4
North	2

Table 2: Focus Group Participants

<i>Location</i>	Gender		Age		Accommodation				Transportation				Total
	M	F	<75	>75	House	Condo	Rent	Lives Alone	ETS/DATS	Drive	Drive Assist	Taxi	
West End Seniors Centre	4	7	0	11	7	4	0	7	1	7	0	2	11
Seniors Association of Greater Edmonton	3	8	6	8	6	8	0	9	4	6	0	0	14
Calder Seniors Centre	5	8	0	13	11	1	1	9	1	10	0	0	13
Native Seniors' Centre	0	15	10	5	6	0	9	6	7	5	0	7	15
Operation Friendship	1	7	5	3	2	0	6	2	7	0	1	0	8
Multicultural Health Brokers Coop	1	7	0	0	0	0	0	0	0		0		8
Millwoods Welcome Centre for Newcomers	1	8	6	3	3	1	5	2	4	2	0	3	9
Multicultural Handicrafts Training & Friendship Centre	12	8	17	3	18	0	2	7	8	8	1	3	20
Scona Seniors Centre	1	23	5	19	18	2	4	20	6	0	1	3	24
Strathcona Place Seniors Centre	6	0	4	2	5	1	0	4	1	6	0	0	6
Glenrose Hospital	4	8	5	7	3	6	3	9	6	0	0	2	12
Alberta Caregivers Association	1	7	2	6	6	2	0	7	0	8	0	0	8
Parish Nurses	1	7	7	1									8
Total	40	113	67	81	85	25	30	82	45	24	3	11	156

VIII. ADDITIONAL RESOURCES

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