



Seniors' In Communities Dialogue

Final Report – November 2007

**Respectfully submitted by:
The Community Planning Council of Prince George.**

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- The Prince George Council of Seniors
- The City of Prince George
- The Union of BC Municipalities

As well to the presenters who donated their time:

- Councilor Don Zurowski – Acting Mayor
- Ms. Bev Christensen – President, Prince George Council of Seniors
- Professor Dawn Hemingway – Professor of Social Work, University of Northern British Columbia
- Mr. Cliff Dezell – Retired City Councilor
- Ms. Carol Mooring – Retired Geriatric Nurse
- Ms. Carol Ward-Hall – Manager, Prince George Council of Seniors

The Seniors' Dialogue Steering Committee

- Bev Christensen – Prince George Council of Seniors
- Carol Ward-Hall – Prince George Council of Seniors
- Cheryl Livingstone-Leman – City of Prince George
- Brad Beckett – City of Prince George
- Lynn Florey – Community Planning Council of Prince George

For their individual contributions:

- Lola-Dawn Fennel – Prince George Council of Seniors
- Wendy Short – Elder Citizen's Recreation Association

Special thanks to all the participants who attended and gave of their knowledge and experience throughout the day.

Executive Summary

The Seniors in Communities Dialogue event is an initiative funded under the Union of BC Municipalities and one which a number of communities across BC have been taking advantage of.

Prince George began this process in August 2007 culminating in a dialogue session on October 17, 2007. It was completed under a partnership between the Prince George Council of Seniors and the City of Prince George, hiring the Community Planning Council of Prince George to facilitate the process and session.

The process consisted of three elements:

- An informal survey of seniors to determine issues – completed during the Prince George Exhibition (PGX) event, Seniors Day;
- A day long dialogue Session comprised of a morning of presenters on identified issues and an afternoon of interactive participant sessions;
- A final report presented to the Council of Seniors and the City of Prince George;

There was a vast amount of discussion and information shared which it was agreed was far more than could be effectively dealt with in a one day dialogue session. As such, the decision was made to focus on three top priority areas:

- Housing
- Health
- Finance

As all three are systemically linked and impact each other, it was determined that one could not be discussed without the others.

This Seniors' in Dialogue session is considered to be the first, in what it is hoped will be many steps in an ongoing process to make Prince George a senior friendly community for those already living here as residents and a welcoming community for those seniors who may wish to retire here. The Dialogue Session brought together over 60 seniors and senior service providers to begin collaboratively working to examine the issues that face seniors today, to plan for the growth of seniors in the future and to identify some of the existing assets within our community that can help us achieve our goals. Ultimately, the outcome of this dialogue and of future projects resulting from this session, is to achieve a quality of life for seniors in Prince George where they can lead safe, fulfilling and happy lives while aging in place.

What follows is the detailed description of the process and its outcomes and the recommendations that arose for future steps.

Introduction

In July 2007, the Community Planning Council of Prince George (CPC) was approached by the Prince George Council of Seniors (PGCoS) and the City of Prince George to facilitate a Seniors' in Communities Dialogue event. The Seniors in Communities Dialogue event is an initiative that received a funding grant from the Union of BC Municipalities to communities who demonstrate a need and commitment to partner between seniors and the local government. With the successful application made, a Seniors Dialogue steering committee was struck that consisted of representatives from the City of Prince George and the Council of Seniors which held its first planning meeting in August 2007. It was decided at the first meeting that a day long dialogue session would occur and the date was set for the session as October 17, 2007.

The timing of the project also coincided with an upcoming community annual event, The Prince George Exhibition (PGX); a large four day event that attracts thousands of participants and also has a day specifically for seniors. The 2007 PGX committee had invited the PGCoS to take over Kin Centre 3 with displays and information specific to seniors. The admission fee is also lowered at this time for all seniors attending. It was felt by the steering committee that, as a beginning, this would be an ideal opportunity to gather some input from seniors using a short questionnaire designed to explore the issues that were facing seniors today.

Sponsoring Groups

City of Prince George

The City of Prince George has, within its vision statements and priorities, a commitment to **“Properly service the growing seniors population”** as noted in Priority # 4.

2005 to 2008 City Council Vision, Mission, and Values

Our Vision

Bold Leadership. Bright Future.

Our Mission

- To continually improve the quality of life
- To offer full opportunities for housing, education, recreation, and the cultural life of residents
- To continue to create the climate and opportunities for employment, investment and reward

Our Core Values

- Honesty and integrity
- Courageous leadership
- Innovation
- Commitment, energy and enthusiasm
- Respect
- Professionalism, competence and ability

Our Priorities

1. Grow our Economy

- Encourage Economic Diversification
- Facilitate Inland Port Development
- Market our Community
- Grow our Tax Base

2. Build Effective Infrastructure

- Replace the Cameron Street Bridge
- Effectively Manage our Assets
- Expand and Renew our City Facilities
- Improve the Regional Transportation System
- Construct the Community Energy System

3. Follow Best Possible Corporate Practices

- Encourage Corporate Efficiencies
- Follow Corporate Best Practices
- Provide City Staff with the Knowledge and tools to do their Jobs
- Plan for Staff Succession

4. Encourage Health and Well-being

- Address Issues of Safety
- Sustain, Protect and Enhance the Environment
- Properly Service the Growing Seniors Population
- Encourage a Full Service Cancer Clinic for the North

5. Support Community Renewal

- Revitalize our Downtown
- Effectively Address the Mountain Pine Beetle Infestation

The Prince George Council of Seniors

The PGCoS is the other sponsoring group in this effort and are a unique group in the province. They are an umbrella group for fifteen different senior organizations in Prince George:

- B.C. Government Retired Employees' Association
- Elder Citizens' Recreation Association
- Federal Superannuates National Association
- Hart Pioneer Centre
- The Immigrant and Multicultural Services Society
- Nechako Metis Elders' Council
- North Central Seniors' Association
- Prince George & District Senior Citizens' Activity Centre Society
- Phoenix Transition House
- Prince George Metis Elders' Society
- Prince George Retired Teachers' Association
- The Prince George R.C.M.P. Veterans' Association
- Sacred Heart Senior Citizens' Society
- Spruce Capital Seniors' Recreation Centre

Mission Statement

Seniors and volunteers working together to support and enhance the quality of life for all seniors in the community.

Goals

- to promote and encourage all seniors organizations in Prince George to work together as a unified body for the benefit of all seniors;
- to act as an advisory body for seniors groups during issues of concern or dispute;
- to become informed, identify and act with one voice upon the needs of seniors regarding transportation, housing, health and relevant political issues in Prince George;
- to maintain a liaison with municipal, provincial and federal governments on issues relating to seniors;
- to establish and maintain a continuing liaison with other senior's organizations which address issues of concern for seniors;
- to communicate with all seniors of Prince George on issues of interest and relevance;
- to undertake or establish mechanisms to address the needs of seniors in the community that are not currently or effectively being addressed.

PGCoS also provide a variety of general senior's services such as presentations, research, the Meals on Wheels program and the Senior's Information Line, an Outreach Program for isolated seniors and seniors' computer-training classes. As such, they are well positioned to have accurate data and information on senior's issues in Prince George. However, they felt it was important that their data be verified and that additional issues that may not have been identified through the PGCoS programming be given an opportunity to emerge. It was also recognized that participants at the PGX may not be the same group that would potentially access services and so may have different concerns to those the PGCoS is aware of and deals with daily.

The questionnaire (appendix A) was designed to gather some basic demographics and to provide a voice to seniors to identify issues and possible solutions.

Questionnaire Results

The survey was designed to be simplistic and short and only gather some basic data on demographics – such as age, gender, place of residence etc. – and to provide an opportunity for seniors to list the top three issues that they perceive face the senior population today. Each respondent was also asked to provide any potential solutions to these issues that they wished to share or suggest.

A total of 74 completed responses were received.
Following are the results of the survey:

Demographics

The gender breakdown showed that a large percentage of females responded compared to males with 77% of surveys completed by females and 23% by males.

Figure 1.

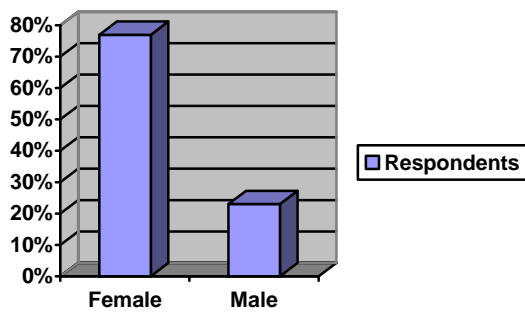


Figure 2.

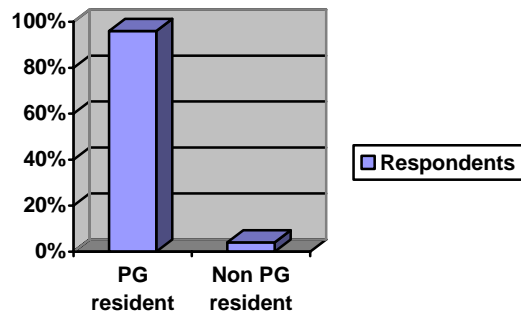


Figure 1.

The total age of all 74 respondents was 5,248 giving an average age per respondent of 71.

Figure 2.

Almost all respondents, 96%, reported that they were residents of Prince George, with only 4% reporting as residents from outside the Prince George area.

Figures 3 and 4.

The next question asked respondents whether they had family living in Prince George or not. As shown in Figure 3, 84% responded that they did have family living in Prince George and 16% reported no family living in the city.

The final basic question asked whether the respondent was a member of a Senior Centre Association. Figure 4 shows that 32% of respondents reported being current members with 42% reporting that they did not have membership with a senior centre association

Figure 3.

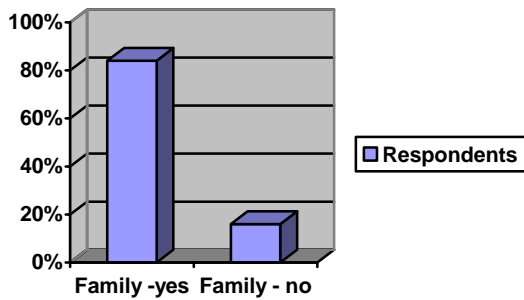
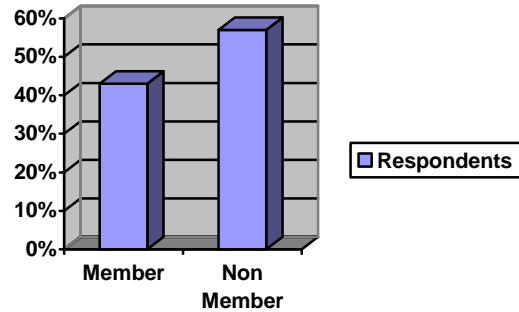


Figure 4.



Issues

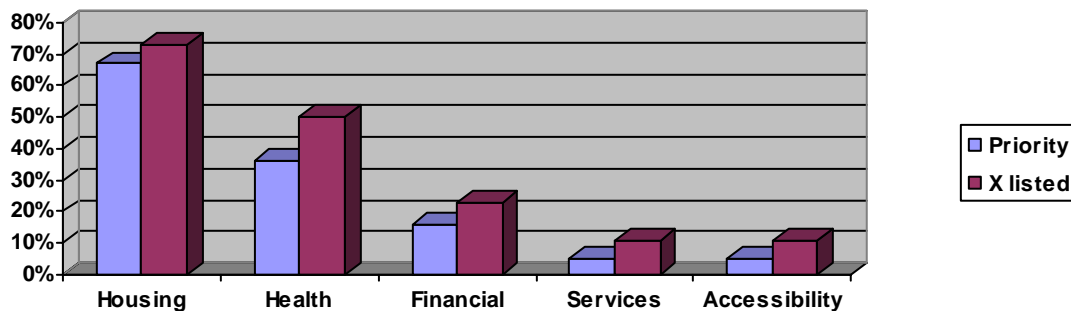
This moved the survey to the next section which asked about the top three issues the respondent felt faced seniors today.

Issues were weighted by order of response. First choice was given 3 points, second choice, 2 and third choice, 1 point. This was to ensure an issue that may have received more mentions, but was further down people's lists of priority was not given higher or lower priority than was intended.

As a result, the top five issues from a priority level were:

- Housing – 67%
- Health – 36.5
- Financial – 16.6%
- Services – 5.4%
- Accessibility – 5%

Figure 5.



As is illustrated in Figure 5 above, the same five issues were relatively consistent with numbers of times listed, but with slightly different percentage levels. This shows that Health, while listed more often, was not listed consistently as the highest priority:

- Housing – 73%
- Health – 50%
- Financial – 23%
- Services – 11%
- Accessibility – 11%

There were more than five issues identified within the questionnaire but they were either related in some way to the top five (e.g. accessibility and transportation) or were mentioned in only small numbers.

In choosing the areas that would form the discussion items, and in order for the dialogue session to be manageable, it was decided that the top three issues would be used only, while also acknowledging that these same three issues were intrinsically linked to each other. It is important to note at this time that there were multiple concerns voiced by seniors and that this is indicative of the enormity of the work ahead.

The top three along with some of the additional categorization are:

Housing

Accessible (ground level), affordable, available, safe, supported or assisted living

Health

Cost of prescriptions, Cancer treatment access, surgery wait times, emergency treatment, more staffing, senior care facilities improved and increased, care aids, home help, emergency shelter for abused seniors, senior oriented exercise facilities, more media coverage of issues, transportation to care

Financial

Insufficient pensions, OAP or other government payments, need for financial planning services, inequity in women's payments, removal of tax below 20k incomes,

Dialogue Event

Morning Session

The results of the questionnaire confirmed the issues that the PGCoS hears from its member agencies and organizations and through queries by clients to the Information Line Program and through other services.

The steering committee then re-convened to determine the format the Dialogue session would take. It was decided that the top three issues would be forwarded for group discussion recognizing that they are all systemic in nature and very long term in achieving solutions. It was also recognized that all three of these issues are inter-related and that each can have negative and positive impacts on the others. In essence, if finances are limited and below what is considered the low income cut off, the likely impact is that quality of life will suffer by cutting back on other basic necessities; medications, nutritious food, heat, suitable clothing etc. If health is impacted, the ability to maintain shelter is jeopardized.

Understanding the systemic nature meant that in order to address all levels, it required that a diverse cross section of participants take place in the dialogue itself. The first steps the steering committee took were to develop a list of desired participants and also determine some qualified and suitable presenters to provide background and answer questions for the session participants. The final invitee list of participants is included in this report as appendix B.

The presenters approached were:

Ms. Carol Ward-Hall,

- Manager, Prince George Council of Seniors
- Past Executive Director of the British Columbia Coalition to Eliminate Abuse of Seniors (BCCEAS)
- Past Executive Director of the North Shore Crisis Services Society.

TOPIC: Senior's issues in Prince George and throughout the Province.

Representing program information and seniors from a provincial perspective

Ms. Carol Mooring

- Registered Gerontological Nurse
- Certified as a Gerontological Nurse by the Canadian Nurse Association
- Staff nurse at Parkside and Rainbow care facilities
- Psycho-geriatric Nurse with the Elderly Services Team and as
- Care Coordinator for Parkside/Rainbow
- Currently retired from direct care nursing and teaching (part time) Care of the Older Adult in the Baccalaureate in Nursing program at UNBC

TOPIC: Health and social issues experienced by seniors and the complications of multi-faceted needs

Professor Dawn Hemingway,

- Chair and Associate Professor in the Social Work Program at the University of Northern British Columbia,
- Adjunct professor in Community Health, co-leader of the BC Network for Aging Research,
- President of the BC Psycho-geriatric Association, and Lead northern researcher for the Home and Community Care Research Network.

TOPIC: Dawn's presentation will look at the current and potential role of post secondary education and research in identifying and meeting the needs of older adults, especially in northern communities. She will also speak to the advocacy, educational and service provision roles of the BC Psycho-geriatric Association Representing the educational inclusion of the elderly in degree programs

Mr. Clifford Dezell,

- Director of Pharmacy, Prince George Regional Hospital,
- School Trustee, School District #57 Board,
- City Councillor, City of Prince George,
- BC Director (Chair of BC Caucus), National Board of Directors of Federation of Canadian Municipalities,
- Member of Civil Society Advisory Committee for Federal Government,
- Chair, Regional Planning Committee (North Region) Ministry of Children and Family Development
- Co-Chair, Community Health Planning Group (New Directions Initiative)

TOPIC: Cliff will be discussing the relationships between the three levels of government, developing these partnerships at the local level and how to move issues to the public agenda.

Additionally, providing some welcome remarks and comments were Ms. Bev Christensen, President of the Prince George Council of Seniors representing PGCoS, its programs and its member agencies and Councilor Don Zurowski, Acting Mayor. Both opened the session with welcoming remarks and their thoughts on Partnerships and the Future. Both recognized the need for continued and strengthened partnerships between seniors and the City and the growing need of both senior populations and the issues they face.

Acting Mayor Don Zurowski elaborated on the services we have in Prince George for seniors and some of the achievements that have been made such as the recently announced seniors housing complex near Ron Brent Fields, located at 20th Avenue and Victoria. He noted the committee established by the City to advise council on the needs of seniors and the partnership with UNBC to deliver a seniors survey and the use of the results of that survey. The Acting Mayor

congratulated and recognized the Council of Seniors for taking the lead on this session and emphasized the value of the seniors we have in Prince George.

Bev Christensen addressed the participants and noted the growing contributions that seniors make in the community along with the growing numbers of seniors expected to be remaining in Prince George following retirement. With the onset of “baby boomer” populations reaching retirement, the need to be proactive to seniors issues is paramount. Not the least of these is housing – affordable, accessible and safe. It was noted that housing continues to be the number one issue that comes across the Council of Seniors radar through their information line calls and drop in queries.

A short presentation was also made by the facilitator, Lynn Florey, Executive Director of the Community Planning Council of Prince George, who explained the results of the questionnaire and provided some additional information on housing. In particular, the information focused on work recently completed by the Community Partners Addressing Homelessness Committee that has been researching social and affordable housing numbers in Prince George under the mandate of the Federal Housing Partnering Strategy. Notable, were the serious lack of affordable housing units in the community and the current wait lists for these units. On average, the wait list is three for every one unit. This only counts those actually on the wait lists which in some cases are full. Also to be considered are figures provided by Statistics Canada that show the estimated number of persons reported on, or below Low Income Cut offs for 2001 are 12,365. All of these individuals would be considered at risk of homelessness. The breakdown of people aged 64 and over as a percentage of total population for 2006 is 9.45%. Using the 2001 population LICO numbers with this senior population percentage means that 1,174 seniors are at risk of homelessness.

Northern Health is predicting that the percentage of seniors as a group will rise by the year 2010 to 14% of the population. If we were to apply this percentage to the 2001 LICO numbers, it would increase seniors at risk to 1,731. This is based on an assumption that Low Income Cut Off numbers would remain stable which is not likely. It is more likely, this number will rise.

Finally, it needs to be considered that stable housing does not always mean new of different housing. Simple supports such as home care, meals and subsidies can have enormous impact on the ability of an individual, and particularly a senior, to remain independently housed. Further, there is huge potential for the City and developers to become actively engaged in building senior friendly housing. Many seniors live in family homes that are now too large for their needs or ability to care for. Development tends to focus primarily on large single family dwellings and not on smaller style units such as ranchers. Seniors can create an increase of larger family homes in the market if they had smaller homes they could purchase to move into.

Presenters

Ms. Carol Ward-Hall – Presenter #1

TOPIC: Seniors issues in Prince George and throughout the Province.

Many seniors have lived through the Depression, the Second World War and through some of the years when Canada was built. Fifty, sixty or seventy years ago Prince George was very different than it is now. Many seniors are used to being very independent but are often unwilling, or do not know how to seek government help or to ask for things to help themselves. Some seniors have literacy problems as they only did four or five grades in schools and then had to help their families on the farms or with the younger children.

Prince George Council of Seniors gets contacted by many seniors, from all walks of life, although we definitely get more calls from seniors who are on lower incomes.

Whilst we deal with a large variety of issues that seniors need information on, or help with, the major issues are housing, health and finances the same ones that came out as a priority on our Seniors Survey, (and isolation which is interconnected with the three).

HOUSING:

Seniors who are able to age in place maintain their ability and confidence to continue living independently. Aging in place gives the senior the benefit of maintaining relationships with family and friends, with a range of social services that gives a greater sense of well-being to the senior.

The independent senior who remains in the community, and who has relatively good health, feels good about herself/himself and has opportunities to contribute to the community in various ways, perhaps through volunteering and keeping their individual social networks alive. One of the challenges of aging in place is in ensuring that our home is adequate to meet our needs. Can we manage the stairs, take care of our big yard, is the energy efficient, can we afford help, can we do the things that are needed ourselves? Can we continue to do it ourselves as we age?

Simple home adaptations can be done to make the home a safer place, and if the senior cannot afford to do them, they can apply for a forgivable loan from Canada Mortgage and Housing through their Home Adaptations for Seniors program. We often get people coming in to find out about this option, Prince George has support programs available for seniors. We offer a Meals on Wheels

program and in fact deliver usually about 600 or more meals a month in the downtown area to seniors who have health problems or for some reason cannot cook for themselves. We are looking to expand this service to other areas of the City if we can afford to. We also offer a Handyperson services, as well as our Outreach Services program. There are five Senior Centres in the different areas of Prince George where many seniors go for companionship and various programs. There is the Handi-Dart service which assists people to get around, they need to call for service at least 24 hours before needing it. For instance we have several seniors who attend our computer classes by Handi-Dart. We have our Seniors Information Line which offers information and support to seniors. A popular provincial service is Shelter Aid for Elderly Renters (SAFER) where seniors living in the community in rented housing can apply for a rental subsidy if they are on a limited income. Seniors who might have difficulty completing the forms can come to our office for assistance.

So there is definitely some support for seniors in the community but there are still many seniors who are unaware of what is available for them, or else do not use them. There are also many isolated seniors.

Seniors who have lived in their house for many years may find that their property taxes have increased a great deal. If they are having difficulties paying these they can apply for deferral of property taxes. Both the provincial government and most municipalities have property tax deferral programs. Once the house is sold the deferred taxes have to be paid but in the meantime it has helped to allow the senior to age in place. However, seniors are often unaware, as well as unsure or unwilling, to use it. It is important for the senior to look into this program carefully before deciding to use it.

A percentage of seniors either due to a change in income, or perhaps a spouse or partner has died, or an illness, mental or physical incapacity will be faced with the issue of finding a new place to live.

There is a shortage of affordable housing in Prince George with most of them having waiting lists. If there are 80, 100, or more people in front of you, it is a long time to wait until your name comes up! Of course in other areas of the province the waiting lists can be much larger and in fact in the Lower Mainland the waiting list for BC Housing can be in the thousands.

During the last few years the provincial government has been putting money into Supportive Housing and Assisted Living. But there is nowhere near the number of units that are needed in the province.

The Northern Health Authority owns and operates 210 low cost seniors housing suites in four locations in the City. A wait list is maintained and applications are weighted according to need.

There are 1,300 provincially-subsidized housing units in Prince George of which 720 are for seniors. Of these 720 units there are 270 senior's households who receive Aid for Elderly Renters (SAFER) program. The annual subsidy for these Prince George SAFER recipients is about \$550,000. The average monthly subsidy is about \$170.00.

Supportive Housing is for people who need support services in addition to suitable housing. You must meet the entrance criteria established by the Ministry of Health. Supportive Housing offers a combination of onsite hospitality services which can include housekeeping, emergency response, and meals. Here nursing and other health related services can be delivered by the local Health Authority, or privately.

Assisted Living is housing that provides hospitality and personalized assistance services to seniors who are able to live independently when they receive assistance with the "activities of daily living."

Residential Care provides care and supervision for individuals who can no longer be supported in their own homes. In residential care clients receive assistance with meals, medication supervision, personal assistance with daily activities and a planned program with social and recreational activities. Publicly funded beds are made through the Health Authority and are on a priority placement basis. Anyone can apply for private residential care directly through the facility. Rates are between \$3,500 to \$6,000 per month. Not everybody can afford this.

Housing, especially the cost of it, is a major issue for seniors. Seniors come into our office looking for affordable housing constantly. There are waiting lists at most of them. We have had calls from seniors living in affordable housing units who tell us that if they complain about something the management has said "well then move, we have people waiting to move in."

So, affordable housing and care are an issue for seniors. With the number of seniors over the next twenty-five years going up to 24% of the general population this needs to be addressed. We are not providing what is needed now. Careful plans will need to be made for the future.

Health: As people age they begin to experience health problems and if they also have money problems and live in poorer housing, this will only add to their health problems, it can be a vicious cycle. We get seniors who come into our office in this situation. They need to move into a better place but either cannot afford one and/or cannot find one. Emotionally it is depressing for them and often because they have less money they cannot eat as well as seniors who have more money. Their housing is also often more inadequate so of course, over time, these factors will again influence their ongoing health.

Diet and exercise are important at any age but as one ages our diet becomes extremely important. Our diet of course should have enough vitamins, proteins and carbohydrates, and fats should be avoided as they can make us susceptible to numerous diseases, especially heart problems. Seniors on lesser incomes are often not able to eat properly, or adequately, and so again their health suffers.

Stress of course can be as harmful as any contagious disease, so if we are experiencing problems such as housing, health and finances, stress is very definitely present and it affects our overall health.

Because nearly 40% of all deaths can be attributed to smoking, poor exercising habits, inadequate diet and alcohol misuse, it's pretty easy to see how poverty can take years off our life.

Finances: When we look at our financial life we have already seen how it can affect our life, our housing, and our health.

If we have been lucky enough to have been able to provide for our retirement it is easier, but even if we are we do not know how long we may live and therefore how long our money may need to last. I have a friend who is 85 and living in a lovely home in Whiterock. When she sells her house she will probably get about \$750,000 for it, so if she goes into a Care Facility, at about \$6,000 a month, she will be okay for ten years, maybe eight if the prices go up. She asks me "what will I do when I run out of money, who knows how long I will live?"

People are living longer than they used to and are often in better health. We will have 20, 30 or more years of retirement. We need to plan for this as best we can. Our municipalities, provinces and country need to begin to plan carefully to assist in this endeavor. We will have more seniors than ever before and today, our Seniors Dialogue, is part of looking at that. It is only a beginning, but plans for the future are never accomplished immediately or easily. We have to put our creativity to work.

Let's look now at some of the calls that we get at the Prince George Council of Seniors office:-

- seniors who are unaware of MSP premium assistance/and or Pharmacare and cannot afford their prescriptions. Assistance is not advertised and many seniors do not know about it or where to ask
- often some seniors cannot afford glasses – therefore they often cannot see to read information about services they might need
- some seniors cannot afford dentures or to go to the dentist, and sometimes cannot eat properly
- some seniors cannot afford hearing aids, and therefore can't phone

for information they might need

transportation

- some seniors need help getting prescriptions, groceries, going to appointments, they cannot manage to do it themselves

housing

- particularly affordable housing!
- many calls from family members aware of the older person's struggles with big home, expenses, farms/rural area, etc
- many calls from people moving back to Prince George roots

some abuse calls

- one in every twelve seniors suffer from financial abuse
- family members are using their money, their homes or cars (adult children or grandchildren)
- abuse happens in all financial brackets, it doesn't matter whether you are rich or poor

So this is all a very shortened version of some things that are happening for seniors.

B.C. is better than some provinces for seniors to live in and worse than others, but right across the country there are problems that need to be addressed. The senior population will be growing a great deal over the next twenty-five years. We need to plan and get ready now.

Thank you.

Ms. Carol Mooring – Presenter # 2

Carol's presentation is provided below:

I am a Gerontological nurse, which means a nurse who cares for and about older adults. Gerontological nurses are concerned about the older person's life and their individual needs not just medical problems. My work experience the past 20 years has been in long term care both as a staff nurse and as a care coordinator. I also worked in Mental Health as a psychogeriatric community nurse for over 3 years. Currently I am teaching Care of the older adult in the RN program at UNBC.

I am not going to discuss the demographics of the baby boomers and their needs in the future because I want to talk about the present where we are still caring for the boomers' parents.

Today the majority of seniors live independently and do not require help with activities of daily living or ADLs, which are those tasks necessary to maintain one's health and basic personal needs, of bathing, dressing, toileting and feeding. Nor do they require help with instrumental activities of daily living or IADLs, which are those tasks necessary to maintain one's home, travel, shop, prepare meals and manage finances.

The primary reason seniors need assistance with personal and household tasks is because they have a chronic health condition. 91% of persons over 65 years of age report having one or more chronic health problems.

The burden of chronic disease increases with age and as we live longer the likelihood of becoming disabled from chronic disease increases. With disability comes the need for support and assistance and Stats Canada tells us that in 2003 8% of persons aged 65-74 received home care, 20% of persons age 75-84 and 42% of persons over 85 years of age received some form of home care, either informal unpaid home care or formal paid for services. Housework was the most common type of home care received.

Persons with chronic health conditions, who are living alone, are more likely to need home care services. Home care services include nursing care and services from other health professionals, personal care, meal preparation and housekeeping.

85% of home care is provided by family members, mostly women who are often senior themselves. We know that people are able to live in their own homes longer when they receive adequate home care services. We know that home care services are not adequate for many people.

A small number, about 7% of seniors with a chronic disability will go on to require 24-hour residential care, particularly those persons over 85 years of age. 44% of seniors over the age of 85 are no longer living independently at home. These people who are moving to residential care move later in life and are more disabled mentally or physically or both. These older adults, who need a great deal of care, are the **most vulnerable and voiceless** seniors in society and these are the people I will talk about today.

I will identify some of the problems these vulnerable seniors face with the current health care system.

Problem 1 Changing to complex care without sufficient resources

In 2001 the government of BC began a restructuring of the health care system with a reduction in home care services, residential and acute care beds; and the addition of assisted living and supportive housing. The assessment process was changed and the criterion was stricter to qualify for residential care. Persons requiring residential care or complex care, as it is now called, must need 24-hour professional care that could not be provided elsewhere. Intermediate LTC facilities such as Parkside became complex care facilities where residents remain in place and are no longer moved to extended care facilities when their needs became too great for the service level provided in intermediate care. Extended care facilities such as Jubilee Lodge also are now called complex care facilities.

In assisted living the person lives independently with the support services of meals, personal care and housekeeping but they must leave their own home and move to an assisted living facility. They will have to move again into a complex care facility if their condition deteriorates and they require 24-hour professional care.

Assisted living is a positive addition to the available services for seniors but the government did not provide any new funding to health authorities in order to add assisted living beds. As a result there are not enough assisted living beds and some of the existing residential beds in Long Term Care were closed to provide the funding for assisted living. In Prince George 40 beds were closed at Rainbow Intermediate Care because this facility was not deemed suitable for complex care.

Parkside Care Intermediate Care facility also did not meet the requirements for a complex care facility but renovations were planned so that complex care could be provided.

Problem 2 No appropriate dementia care environments

Parkside is an example of how the system is failing the seniors who live there and an example of a problem seniors face when they require 24 hour professional care.

The building was not designed for wheelchairs but today the majority of residents are in wheelchairs or in lounging chairs because they are so disabled and frail they are no longer able to walk. The majority of residents still able to walk have a dementia or cognitive impairment of some kind. In B.C. 60- 80% of the residents in our Long Term Care facilities have dementia but many of these facilities are not appropriate care environments for people with dementia.

This is a dangerous mix of the very frail and people with dementia because some people with dementia can have unpredictable behaviours or are not unaware of other people in their path, which puts the frail residents at risk.

Parkside does not have sufficient resources of properly educated staff, proper physical structure, or sufficient funding.

The original design of the building was for intermediate care and by changing to a complex care building without major renovations the solutions to the multiple physical problems have been band aids.

The physical structure is not suitable for the physically frail because there is no room for wheelchairs or lounge chairs. The dining room is too small because of the number of wheelchairs and the need to feed more people. Many more residents need to be feed and care staff need to be present to keep meal times safe. There is always traffic congestion in the halls with wheelchairs, equipment and people wandering, which all adds up to an extreme fall hazard.

Too many people in too small a space increases anxiety and fear for the residents. This facility can no longer be called a home and the quality of life is no longer a consideration in the housing of older adults who need 24-hour care. Staff no longer have the time to spend a few minutes visiting, giving a hug or just time to listen or doing the little personal touches with residents because they are too busy doing required tasks.

Recreational staff aren't able to spend time with enough residents because more residents need one to one quiet stimulation or small groups where residents can succeed and feel good about participating. There is less for residents to do as the recreational staff is unable to meet the social needs of all the residents. Residents in complex care have very few self care abilities and limited functioning. The average age is about 85 years. They have very heavy medical needs from their multiple medical conditions as most residents have more than one problem. The residents have to give up a lot and have little choice left in their life. Going to bed and getting up in the morning is often not the time the resident would choose because the staff have to pick and choose as almost everyone needs a lot of assistance. So some residents are in bed too early and some too late because everyone can't have their preferred time. Residents have one bath a week. There has been a change in the staffing of Parkside. Many of the long time care staff have left and moved on because of burn out, and the heavy workload which is difficult for older workers to cope with. These skilled care staff are gone and not

available to pass on their knowledge about the unique individual needs of the residents.

The new care staff come very well prepared to provide physical care and do caring tasks very well but they lack experience in the dementia sensitive approaches to care. There is no one in house to train care staff on frailty and dementia care or time for an in depth orientation to learn individual resident's needs. The RNs have difficulty finding time to complete the new MDS assessments required by government because they do not have any uninterrupted time. The residents have many more medical and mental health needs that require the RNs involvement. There was no funding provided to provide for this added workload even though this assessment does add valuable information which helps to understand the resident's needs.

This combined inadequate physical space and untrained care staff results in a physical environment that is unsafe and over stimulating for the person with dementia. This can result in increased agitation that can accelerate into aggression against staff or other residents, which makes the environment unsafe for the very frail.

On the CBC national news last night this very situation was highlighted and on Marketplace tonight resident violence will be exposed. In June of 2001 2 residents of the Casa Verde LTC home in North York Ontario were beaten to death by another resident and a third person was injured. The Coroner's jury in the Casa Verde case provided 85 recommendations which were aimed at reforming a long-term care system they described as unable to meet the needs of persons with dementia. The jury recognized that many care facilities are not physically structured or staffed properly to manage residents with cognitive impairment and the staff need specialized education.

Best practice tells us dementia care is person centred in small groups away from the busy institution style facility.

Another recommendation from this jury was that where behaviours have been identified as presenting a risk to self or others, admission to any facility should be delayed until the behaviours have been appropriately assessed and a care plan has been developed. I would add to this that when a person is admitted to a care facility and then develops dangerous behaviors an assessment could be done away from the facility if there was a functioning Geriatric Assessment and Treatment Unit (GAT). We have a Long Term Care system here in Prince George that can't meet the needs of persons with Dementia and I fear serious injury or death will occur.

Problem 3 Inadequately educated and poorly supported care staff

The other problem seniors are facing is waiting for a bed in a Long Term Care facility. Because there was an overall closure of residential beds and acute care beds there are now many people waiting for a residential bed due to their complex care needs. We have a number of people labeled as alternate level of care or ALC taking up beds in the acute care system. There has been an attempt to relieve the

pressure on acute by funding some ALC beds outside of acute care. For some time Simon Fraser Lodge has had 15 beds designated as ALC, Rainbow was re-opened with 22 ALC beds and the GAT Unit, which was build for 10 people now has 18 ALC beds with 2 people sharing single rooms.

As well there are people labeled as ALC waiting for a residential bed scattered throughout the hospital or in pods off the medical floors. These seniors are called bed blockers and are blamed for the shortage of acute care beds. The ALC labeling has resulted in a warehousing type of life for the residents waiting for a bed in a permanent home.

Acute care is a very unfriendly place for many seniors because there is a lack of knowledge among many acute care staff in the special needs of the acutely ill older adult. Many older adults go into hospital and become deconditioned or have complications that could have been prevented with appropriate care and are no longer able to go home and then must wait for a bed in residential care. The system is failing older adults needing 24 hour care and the health care system is not Elder friendly.

I do have a few suggestions for Solutions but they all cost new money, the lack of which is the source of many of today's problems:

- Fund Clinical Nurse Specialist in Gerontology to be available to teach and problem solve with staff both in care facilities and acute care
- Provide funding for more education and orientation for new staff so they are better equipped to provide dementia care and care for the very frail
- Provide funding to sustain ongoing education on best practices in all aspects of care of the older adult in all settings
- Provide more funding to improve home care services too support people and their caregivers in their homes so they do not need residential care. In Denmark every person over age 75 receives a home care visit twice a year to make sure they are getting the services they are entitled to.
- Build proper dementia care facilities – with the new facility to be build hopefully this will be included. A mix of the very frail and persons with dementia should be avoided.
- Provide regular wellness clinics for seniors to access information on prevention and health promotion so there will be an improvement in the health care of seniors and less need for LTC beds.

I will just end by saying I am disappointed that no one is here from Northern Health management.

Thank you

Carol Mooring RN BSN GNC(C)

Sources

Alzheimer Society of BC
Alzheimer Society of Ontario
CBC
Government of BC

National Advisory Council Aging

National Advisory Council on Aging, 2006 Seniors in Canada Report Card
Stats Canada

University of Victoria Centre of Aging

Professor Dawn Hemingway – Presenter # 3

Dawn provided a PowerPoint presentation with slides containing the following information:

Slide 1

Ageing Well in the North Seniors' Dialogue

Prince George, BC - October 17, 2007

Dawn Hemingway
University of Northern British Columbia
Social Work Program
hemingwa@unbc.ca

Slide 2

My “Hats”

- Researcher: BC Network for Aging Research & Home and Community Care Research Network
- Professor/Educator: Chair, UNBC Social Work Program
- Service provision advocate
- Nearly 60 & planning to retire in Prince George!

Slide 3

Research Role in Future Planning?

- Increasing volume of research...push relates to demographic changes across the province – about 25% of population 65+ within the next 20-25 years. Examples:
- BC Network for Aging Research (handout)
- BC Home and Community Care Research Network

Slide 4

Role of Research (continued)

- Demographic/trend studies (e.g., Halseth & Hanlon)
- Increase in people aging in place – staying in the North or returning to the North
- Out-migration of some younger sections of the population
- = “greying” of the North

Slide 5

Role of Research (continued)

- Quality of Life of Older Adults 55+ (Michalos et al.- 1999)
- Housing: 72% lived in single detached family homes

- What kind of housing would you seriously considering moving into in the future?
- Single family detached (one level): 31%
- Age-segregated (e.g., seniors') building: 29%
- Private units that can have housekeeping & meals provided: 14%

Slide 6

Quality of Life Study (continued)

- Do you think you'll need to make a change from your present housing due to health concerns?
- 35% said that within 10 years they expected to need to move to new housing due to health concerns
- 16% said that within 10 years they expected to need to move due to financial concerns

Slide 7

Quality of Life Study (continued)

- 81% indicated that if they were to move, they wanted to stay in the same community....
- When asked what support services they could currently use:
- 37% snow removal
- 32% house maintenance
- 31% general housekeeping
- 31% yard maintenance

Slide 8

North of 65 Years (2000-02)

- Study conducted by the Task Force on Seniors' Health (NIRHB)
- Seniors wanted to stay in the North
- BUT wanted alternative kinds of housing (apartments, condos, townhouses) and...
- necessary supports that would allow them to continue to live independently – supports that “fit” them not supports they had to “fit into”

Slide 9

Research (continued)

- Have basic information & ongoing projects:
- caregiving
- social & health services
- social isolation
- age-friendly communities (WHO)
- See handout of some recent projects
- Also handout about a database of articles on aging research completed in BC

- Ongoing research needed to guide specific changes & identify particular needs – researchers, service users & providers

Slide 10

Role of Education

- Provide leadership in initiating needed research
- Training professionals (current and new programs) in the North for care and wellbeing of older adults retiring in the North
- Utilizing the wisdom, experience and knowledge of older adults
- Meeting the educational needs of older adults

Slide 11

BC Psychogeriatric Association

- Professionals in one organization
- Prince George connection....
- Advocacy, Education & Research
- Current projects:
- Cancer and Mental Health Among Seniors
- Promoting Seniors' Wellbeing: A Policy Lens (a few samples...more available)

Slide 12

Report of the Premier's Council on Aging: A Place to Start?

- Council travelled the province
- Released report in November 2006
- Substantive recommendations
- Perhaps one place to start is seeking its implementation

Slide 13

Why Start with the Premier's Council on Aging Recommendations?

- The recommendations very much parallel the findings of northern research....
- A summary of major recommendations include:
- Participating in Society:
- End mandatory retirement
- Make culturally appropriate services available
- Make access to information and outreach to seniors a priority

Slide 14

Council on Aging Recommendations (Continued)

2. Transforming Work:

- promote increased workplace flexibility and greater individual retirement savings

3. Reshaping Neighborhoods:

- a range of housing options should be available to allow ongoing independence and quality of life

- Address transportation needs of older citizens

Slide 15

Council on Aging Recommendations (Continued)

4. Staying Healthy:

- Enhance healthy living initiatives focused on older adults
- Customize for our diverse populations

5. Ensuring Sufficient Incomes

- Ensure adequate incomes for all older adults

Slide 16

Council on Aging Recommendations (Continued)

6. Supporting Independence

- Introduce new, broader and more widely available home support system
- Recognize the contribution of informal caregivers

Slide 17

Council on Aging Recommendations (Continued)

7. Providing Medical Services

- Implement aggressive quality improvement initiatives across the healthcare system in a culturally appropriate way
- Move to a more objective, transparent decision-making about what health treatments, services and devices are available – both mainstream and alternative care
- These should be funded by the publicly supported health system

Slide 18

Making it Happen.....

The final recommendation is to appoint a Minister of State and a secretariat to lead the changes outlined in the report as well as to monitor and report on progress....

Slide 19

Turning Words into Deeds...two possible steps forward....

- Advocating for the implementation of the Premier's Council on Aging Recommendations ... in a northern context....
- Spring "Knowledge Forum" bringing together researchers, educators, seniors and service providers from across the North to move forward regarding future research and service needs....

Slide 20

A Unified Northern Voice Can Bring About Needed Change!

- Remember how our collective work resulted in the Medical Program at UNBC
- And more recently how the northern voice prevented a further erosion of our electoral representation....

○ We need the same kind of mobilization, the same unified voice to ensure that our citizens can age well in Prince George and across the North!

Dawn further provided handouts to the group that included other research that was available and may be of interest:

“The BCNAR Database of Research on Aging in BC contains over 1800 citations of work by BC authors on individual or population-aging-related topics published between 1984 and the present. It lists journals, books, book chapters, conference proceedings and reports as well as theses on aging-related topics. Pertinent research topics include: Adult Education, Demographics and Lifestyle, Elder Abuse, Health and Aging, Alzheimer’s/Dementia, and Housing and the Built Environment.

This database is capable of performing an advanced Boolean search and sorting. It is our goal to post all aging related publications by BC Researchers within this database. BCNAR members are encouraged to go to <http://www.sfu.ca/grc/BCNAR/BCNARdb.html> and search for publications under their name. This database is a work in progress.”

Other sites of interest provided were:

Promoting Seniors' Wellbeing: A Seniors Mental Health Policy Lens - An instrument for developing (and critiquing) policy, legislation, programs and services that promote and support the mental health and wellbeing of older adults. Can be adapted/focused for particular needs. Available at: www.seniorsmentalhealth.ca/PolicyLensENG_17_06.pdf

The BC Psychogeriatric Association website is: www.bcpga.bc.ca

The BC Network for Aging Research website is: www.aginghealthresearch.ca

Dawn also provided a sampling of current/recent research projects impacting older British Columbians Living in Northern Rural and Remote Communities. An electronic copy is not available but hard copies can be obtained through the Prince George Council of Seniors and titles of projects included in the sampling are:

- As We Age, Small Talk is the Key to Overall Health: Effects of Aging on Arteriole Tone, Reactivity and Blood Flow Control in the Skeletal Muscle.
- Epidemiology of Head Injury in Old Age
- Fort St. John and Area Seniors’ Needs Overview
- Peace River Regional District Seniors’ Needs Overview
- Health and Quality of Life of Older People: A Replication After Six Years
- Establishing a Network of Excellence in Rural and Remote Geriatric Care: Regional Coordination and its Implications for Nursing Practice in Long Term Care Facilities

- Caring for an Institutionalized Spouse with Alzheimer's Disease. An Examination of the Spousal Caregiver's Lived Experience.
- Terrace Seniors' Dialogue
- Mackenzie and Area Seniors' Needs Overview
- Building a Caring Web: Using ICT to Promote Health for Women Care Providers in Northern/rural/remote Communities.
- Psychogeriatric Care: Building Rural Community Capacity
- Home Sweet Home? Experiences of Place for Elderly In-Migrants and Aged-in-Place Persons in Small Town British Columbia.
- Making Meaningful Connections. A Profile of Social Isolation Among Older Adults in Small Town, Small City British Columbia.
- World Health Organization Global Age Friendly Cities Project
- Closing the Knowledge Care Gap for Seniors and Community Care.
- Seniors' Mental Health Policy Lens (SMHPL)
- The BC Network for Inter-professional Education for Collaborative Patient-Centred Practice: Building Capacity and Fostering System Change.

Mr. Clifford Dezell – Presenter # 4

Cliff provided a PowerPoint presentation with slides containing the following information:

Slide 1

SENIORS' DIALOGUE

PARTNERSHIPS, PRIORITIES AND PENNIES

Slide 2

- It is clear that housing is the first priority for most people, seniors included. Clean, safe, affordable housing is needed by all and should be available for all. I will use this as an example in my talk.

Slide 3

- Seniors are individuals like all others and their housing needs vary but it is clear that there is a significant group of seniors who require assistance in meeting their housing needs.

Slide 4

- So the question is: “ how are these needs to be met and who is to meet them?”
- Clearly, government has a role. There are three major players: local government, provincial governments, and the federal government.

Slide 5

- Each has a different role:
- The federal government has the \$
- The provincial government has the constitutional authority and responsibility.
- The local government has zoning authority, property taxation authority, and, most importantly, LAND.

Slide 6

- Local Government also is closest to the community and citizens and is the most easily influenced on “quality of life” issues.
- Gone are the days where local government was only interested in hard surfaces, sewer and water, fire and police services.

Slide 7

- Most councillors and regional district directors accept that they have a responsibility to work with other governments and the private sector to make life better for their citizens.

Slide 8

- Given that, How do we push Seniors' issues, particularly housing, closer to the top of their agenda?
- There is no substitute for hard work and involvement

Slide 9

- Influencing Local Government is the key to accessing provincial and federal funding and programmes.
- Local government has committees: join them!

Slide 10

- When next you see a City of Prince George ad for volunteers, look at the committees to see if they are involved in "seniors" issues. It might be Advisory Design Panel, Social Grants Advisory Committee, Library Board, etc

Slide 11

- Look at Seniors' organizations; do they need volunteers or help in other ways.
- Talk to your MLA and MP, find out what's available, enlist their help.

Slide 12

- Find out which non-profit societies are interested in housing projects and see if they are aware of Seniors' needs.
- Make presentations to City Council and/or Regional District on Seniors' needs.

Slide 13

- The City of Prince George has just hired a Social Facilitator; what is her role? How can she help us?
- The federal government has announced \$ for housing, shelters, etc. over the past years

Slide 14

- The province of BC has announced its intention to build thousands of shelter and assisted housing units over the next two or three years.
- Does this help us?

Slide 15

- The province has challenged local governments in BC to provide land at little or low cost for these projects.
- What is Prince George doing? Do we know?

Slide 16

On Monday evening CPAH addressed City Council about recent funding announcements for shelter beds, services, etc. This is primarily federal funding flowed through/with the Province

Slide 17

- Refer to Newspaper articles.
- Eg: Province article on Sunday, October 14th.

At the end of the presentation Cliff emphasized the need for seniors to “be at the table” in order to make sure they are included in planning, advocacy and decisions, by having seniors sitting on relevant committees or having representation for seniors in these seats.

Dialogue Event

Afternoon Session

After lunch, the participants reconvened to begin breakout session work. There were three tasks associated with the break out sessions:

- Identify the assets in the community
- Identify the gaps in the community
- Identify the stakeholders we need

Groups were asked to rate the assets and gaps in terms of how strong or weak they were. However, not all groups rated their answers or only rated some of their answers and so it was not possible to assign scores across the board. It was still possible to determine how many times an asset or gap was identified. The discussion that emerged within groups also meant that while some groups listed stakeholders, this was not an area that we had time to debate as a group and so the listing of potential stakeholders was as far as it was possible to go.

There were six breakout groups established and it was engineered to ensure that a senior was present at the table of every group to provide expertise and knowledge and answer questions from other group members.

Once the group had come back together, they immediately noted that the day had been extremely useful and they had learned a great deal. They also recognized that this was a beginning and more sessions like this needed to happen. There is a vast difference between looking at a single issue and dealing with an entire sector. However, there was so much information shared and so many ideas and solutions put forward, that with the right momentum, this report could prove a valuable starting point for a great deal of work over a long period of time.

Dialogue Event

Results of Breakout groups

There were many strengths and gaps that were identified during the breakout sessions, some of which were repeated by several groups. There were also acknowledgements that some of the same issues were present on both lists. That is to say that what we have is strong and an asset, but that more is needed and is so also a gap. The responses from the breakout sessions were condensed and appear in appendix D.

The major factor that emerged from examining the strengths and gaps in the community was that the Prince George Council of Seniors is seen as a major factor in being proactive, providing needed and relevant services, having a finger on the pulse of senior's issues and in being an advocate across the board for seniors and their issues. It was recognized that the Council of Seniors is a Prince George "invention" and not common in other parts of the province. The organization has provided an avenue for bringing seniors groups together to work more collaboratively, although it was also identified that there is still work to be done in this area.

With additional support and resources, the Prince George Council of Seniors could achieve substantially more. The City of Prince George and Northern Health Authority currently provide funding but it is not sufficient to achieve the full potential of the organization. Some of the additional activities noted that could be achieved are:

- Long range planning
- Marketing and outreach
- Research
- Improved communication
- Improved partnerships

Other programming could expand to assist more seniors such as Meals on Wheels, Information Line, Denture Fund, Literacy and computer training.

It was identified that funders often "divide us" by making us compete with each other for the same pots of money.

Youth and seniors often have similar needs and it was identified that collaboration needs to be improved across all sectors and levels and not just within the senior population base. This needs to begin with awareness of other groups and follow up with connecting with these groups. Again, if this could be combined with long range planning and outreach, this would likely involve approaching other groups with action plans for specific outcomes. Part of this process would also involve improved information sharing between all senior

organizations so that any future work would be reflective of Prince George Seniors and not any one individual organization or small group of organizations.

The recommendation of improved networking and collaboration between senior's centres and associations was suggested, but also recognized that there would need to be organized advocacy, an integration of some services which may also mean equitable sharing and potentially some "giving up of turf". A suggestion to begin this process was made that perhaps a "Group Membership" could be developed that would allow seniors to be members of all senior based organizations rather than belonging to just one. This would have the potential of improving collaboration and communication also. Some of the problems identified that would need to be overcome with the use of the organized advocacy are that of systemic regulations which prevent creativity and communication of various services amongst each other. This has been noted earlier as the systemic regulations of levels of government in determining how much can be allocated to various areas and how it can be used, which in turn, can negatively impact or dilute a program or service.

Currently, there is a focus on what we have rather than on planning for what we want and looking at the long range implications. This attitude needs to change across all sectors including seniors, government, funders and particularly health care. Given the predictions of increased senior populations, we know we will need more dollars invested into this sector and planning into where and what needs to begin as soon as possible. This is also true for housing needs which are long processes to begin with. The need for increased transportation and in particular, accessible transportation, will be a certainty with increased senior populations.

Air quality was noted as affecting seniors more than the general population and some planning needs to enter into this area both from an environmental perspective and also from a health care perspective.

Finally, it was noted that family dynamics have changed significantly in the last few decades. There are more and more grandparents taking on the role of parenting their grandchildren while parents need to work and daycare is either not available or too expensive. Inadequate daycare is often discussed, but it rarely includes the reality of how it is being managed given the inadequacies. It is often the aged that are taking on this responsibility as volunteers believing it is a "family" problem or responsibility. It was referred to in the discussion session as "caring downloading". The role of these invisible volunteers is rarely acknowledged or counted. Seniors make up a large proportion of the volunteers in a community and this is increasing.

Conclusion and Next Steps

This report with the richness of input and participation it received from the attendees can provide a solid starting point for Prince George seniors to develop multi-pronged approaches and develop integrated community development. There were many areas the group could have chosen to work on. In fact, so many that it had the potential to be overwhelming and feel like “mission impossible”.

Instead, the group present decided that it was more effective and prudent to choose one long range activity and one short range activity. The unanimous number one priority facing seniors today was that of housing and so it was decided that this would be the long range goal established from this session. This would include two levels; new housing and supports for housing.

The second area chosen was that of communication with three sub levels that include: breaking down barriers, building bridges between senior groups and other external partners and the development of a senior resource directory that would improve the education and knowledge of what is currently available.

As such, a Future Steps steering committee was called for that would agree to meet and begin working on these two goals. Names were put forward for this committee and are shown in appendix C of this document. The Prince George Council of Seniors offered to head this group and organize initial meetings.

Recommendations

The following recommendations emerged from this session:

Recommendation # 1

The Prince George Council of Seniors needs to be strengthened in order to achieve its full potential. As an acknowledged leader in the area of seniors' issues, it should expand its mandate to include:

- Long range planning,
- Advocacy at all levels of government,
- Marketing,
- Research and
- Expanded outreach.

It should further expand its ability to provide improved programming particularly in the areas of Meals on Wheels, Denture funded programming and the Information Line.

Funding for this recommendation may come from a combination of Northern Health Authority, the City of Prince George and independent project contracts.

Recommendation # 2

Improved communication between seniors, seniors groups and the community at large is necessary. Noted in the sessions were the areas of:

- Programs currently available to seniors
- Integrated senior services
- Future impacts to community on increased senior population growth
- General information on senior issues

Recommendation # 3

Continued dialogue sessions need to occur and expand. Dialogue between seniors and seniors groups is one area of focus, with dialogue between the Prince George Council of Seniors' and other stakeholders as a second focus. This expanded dialogue should also occur between sectors such as youth and seniors, transportation, environmental -both physical (sidewalks, lights, snow/ice clearance) and natural (air quality) and health as noted in the discussion debate.

Recommendation # 4

All housing projects and planning occurring in Prince George should include input from seniors. Particularly within land use and development but also in existing housing groups in the community such as:

- BC Housing
- Canada Housing and Mortgage Corporation
- Community Partners Addressing Homelessness
- Prince George Native Friendship Centre
- Other housing providers

Recommendation # 5

Home care and supports must be addressed. The lack of care and supports are creating significant barriers to other areas such as housing and health. Necessary to this recommendation are also efforts to increase care workers and training, increased funds to provide supports where needed and recognition of family care.

Further noted as the two primary goals to begin working on immediately were:

Housing at all levels – affordable, accessible, appropriate

Both new housing and supports for existing tenants and housing stock

Communication

Breaking down barriers

Building bridges

Developing a resource directory

Please note: since the completion of this Dialogue Session, the City of Prince George are making several applications through UBCM to address some of the issues raised. The Community Planning Council also has a project submitted to New Horizons for Seniors' awaiting a decision.

Appendices

Appendix A - Questionnaire

Senior's Survey

The Senior's in Dialogue Steering Committee which is made up of representatives from the Prince George Council of Seniors and the City of Prince George (Leisure Services Dept.) is engaging in dialogue with citizens to determine the issues facing seniors and the possible solutions that may address these issues. We would like to gather as much input as we possibly can and your assistance in filling out this survey would be greatly appreciated.

All information is anonymous and confidential and all surveys will be destroyed following data compilation. If you have any concerns or questions about the information collected in this survey, or its use, please call The Council of Seniors office at (250) 564-5888.

1) Please indicate whether you are:

Female

Male

2) Please state your age:

Age

3) Are you a resident of Prince George?

Yes

No

4) Do you have family living in Prince George?

Yes

No

5) Are you currently a member of a Senior Centre Association?

Yes

No

Please list the top three issues you feel are facing seniors today and the solutions you would recommend.

ISSUE	SOLUTION

Thank you for participating in this survey. Your input is greatly appreciated.
Seniors in Dialogue Steering Committee

Appendix B – List of attendees

NAME	GROUP / ORGANIZATION
ALWAYS, Dorothy	BC Govt. Retired Employees
ALWAYS, Les	BC Govt. Retired Employees
BAIN, Grant	City Hall, Long Range Planning
BAIRD, Thomas	Integrus Credit Union
BEAULIUE, Shirley	Phoenix Transition House
BECKETT, Brad	City of Prince George
BONE, Chris	City of Prince George. Social Policy Facilitator
BOTHAM, Beryl	Mayor's Seniors Committee
CHRISTENSEN, Bev	PF Council of Seniors
CYR, Gloria	Dick Harris's office (MP)
D'AURAY, Bob	RCMP Retired Vets
DEEGAN, LeeAnne	BC Housing
DEZELL, Cliff	Presenter
EARLES, Jerry	BC Govt. Retired Employees
FENNELL, Lola-Dawn	PG Council of Seniors
FLOREY, Lynn	Community Planning Council of Prince George, Facilitator
GALE, Barbara	For MP Jay Hill
GENTLEMAN, Delina	Phoenix Transition House
GEORGE, Norma	Federal Superannuates Association
GRATTON, Shirley	City of Prince George, Councilor
HALL, Dustie	For MLA Shirley Bond
HARRIS, Patrick	BC Paraplegic Association
HARROWER, Ian	Employment and Income Assistance
HEMINGWAY, Dawn	UNBC Social Work, Presenter
HICKMAN, Cathy	Carefree Society
HILLS, June	Elder Citizen's Recreation Association
HOGAN, Anne	Researcher
HOLLAND, Louise	Mental Health
HOWSE, Garry	Federal Superannuates Association
JACKSON, Judy	For MLA Pat Bell
LIVINGSTONE-LEMAN, Cheryl	City of Prince George
LUTHER, Larry	Alzheimer's Association
MADDEN, Tom	City of Prince George, Leisure Services
MARINUS, Margery	PG Homebuilders
MOORING, Carol	Retired Geriatric Nurse, Presenter
NADALIN, Kathy	Elder Citizen's Recreation Association
O'LEARY, Debbie	Legal Services Society
PLANTE, Claudette	Prince George Elizabeth Fry Society

RINGAERT, Laurie	Measuring up the North
ROW, John	PG Construction Association
SHIELS, Jean	Spruce Capital Seniors
SLUSARENKO, Eileen	Spruce Capital Seniors
SMITH, Dave	Hart Pioneer Centre
STEVENTON, Bob	Retired Teacher's Association
VAN MOOK, Colleen	City of Prince George, Community Services
VEEKEN, Lou	Sacred Heart Seniors
WARD-HALL, Carol	Prince George Council of Seniors, Presenter
WARREN, Natalie	Prince George Crisis Centre
ZUROWSKI, Don	City of Prince George, Acting Mayor

Appendix C – Future Steps Steering Committee

NAME	GROUP / ORGANZIATION
CHRISTENSEN, Bev	Prince George Council of Seniors
HEMINGWAY, Dawn	UNBC Social Work, Presenter
GALE, Barbara	For MP Jay Hill
BONE, Chris	City of Prince George
CYR, Gloria	Dick Harris's office (MP)
DEEGAN, LeeAnne	BC Housing
MARINUS, Margery	PG Homebuilders
SMITH, Dave	Hart Pioneer Centre

Appendix D – Breakout group results

Assets:

Prince George Council of Seniors

Seniors centres and their programs

The size of the City and its role as a regional centre

Support of all levels of government but especially City of Prince George and staff

The volunteers, people and organizations

The existing seniors housing facilities

Transportation – Handy Dart and Taxis

Post Secondary Education Institutions

Existing Health Care or health related facilities

- Diabetes
- Alzheimers
- Cancer
- Heart and Stroke
- Red Cross
- Schizophrenia
- St. Vincent de Paul
- Salvation Army
- Aimhi
- Native Friendship Centre
- John Howard Society
- Adopt a Grandparent

Leisure Services

- Library
- Swimming pools
- Family Y
- Seniors Games
- Leisure Guide

GAPS

Housing at all levels and for all needs

Communication and awareness

Accessibility and public transportation

The social services are under funded

Health care

Collaboration at all levels

Isolation

Education and training at all levels

Safety and security

Funding – low and unrealistic

Incomes – low

Lack of volunteers