



AGE-FRIENDLY ASSESSMENT AND ACTION PLAN 2018

City of Quesnel

Written by: Kate Milne, MSc, MHS, CEP
Principal Consultant, Cardea Health Consulting



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EXECUTIVE SUMMARY

Age-friendly communities are those that support older adults to age-in place. They are communities that are inclusive, accessible and safe. Age-friendly features not only help to support older people, they also provide better accessibility to young families with strollers and those with mobility differences. Age-friendly communities can also improve social determinants of health by increasing access to safe and affordable housing, improving health and community services, and reducing social isolation.

The age-friendly movement was started by the World Health Organization (WHO) over a decade ago. The original WHO *Global Age-Friendly Cities* document has been used to develop a systematic approach to increase the “age-friendliness” of municipalities. One of the key steps in this approach is to conduct a community-based needs assessment. A needs assessment not only provides a framework for city planning, it also provides an opportunity for citizen engagement and involvement in the planning process. The needs assessment further establishes a baseline of the current conditions in a community; this allows for future evaluation of any age-friendly implementation efforts.

This document represents the results of the City of Quesnel’s age-friendly needs assessment. The assessment included both desk research and community consultation. Desk research involved a review of the related literature, an environmental scan, a program inventory, and a review of City documents. The community consultation, which took place in April 2018, included a survey, a World Café, a focus group, and interviews with both community members and service providers. The information was collected and assembled according to the Public Health Agency of Canada’s age-friendly evaluation indicators. Indicators were assembled in the eight age-friendly domain areas. These are: outdoor spaces and public buildings; transportation; housing; social participation and recreation; respect and social inclusion; communication and information; and community and health services.

The assessment revealed many age-friendly features in Quesnel. Areas for improvement were also identified. Community input provided a basis for detailed recommendations for the City of Quesnel to become an age-friendly community. Recommendations are outlined in

each age-friendly domain as strategies with specific actions, timelines, resources, partners, and possible opportunities for grant-funding. Suggestions for the best use of the action plan going forward are listed in the closing section of the report.

INTRODUCTION

A significant number of the large “baby-boom” population have now reached the age of 65 and older. This means that there are currently more seniors in Canada than there are children. Projections are that by 2031, one in four Canadians will be over the age of 65.¹ Aging populations have become a significant concern for municipalities trying to plan for appropriate and sustainable services. Since 2005, communities in Canada (and globally) have been following the World Health Organization’s approach in “age-friendly” city planning. An age-friendly city is one that promotes active aging, community safety, inclusion, and independence.

Population aging in Canada’s rural and remote communities is even more rapid than in urban areas. The combination of increased needs of older citizens coupled with an out-migration of younger workers, poses significant challenges for many smaller communities in BC. Age-friendly planning is a means for communities to address gaps in services and design more attractive and accessible spaces. Using an age-friendly lens allows cities to design more welcoming communities for citizens of all ages.

The City of Quesnel recently started the process to become more age-friendly. This process is based on the Public Health Agency of Canada (PHAC) model of a five-step approach.² This includes forming an age-friendly advisory committee, securing a local resolution, conducting a needs assessment, developing an action plan, publicly posting the plan, and carrying out an evaluation of recommendations. This report reflects the third stage in the cycle, the results of a needs assessment along with recommendations for action.

¹ Age and sex, and type of dwelling data: Key results from the 2016 Census (2017). The Daily Statistics Canada.

² Population estimates, Canada, 2015 Statistics Canada



COMMUNITY PROFILE

The City of Quesnel is a small community in the North Cariboo region in British Columbia. The city is situated on the traditional territory of the Lhtako Dene. The community vision is to provide “a naturally vibrant, accessible, and innovative community”.

Population

Quesnel has a population of just under 10,000 people. This number is more than doubled by the Fringe Area (a part of the Cariboo Regional District) for which the City acts as a regional service center. Thirty five percent of Quesnel’s population is over the age of 55. Twenty percent of those are age 65 or older and five percent are over the age 80.³ Aboriginal or First Nations people account for 15% of the population and “visible minorities” make up another 8%. New immigrants are less than 1% of the population in Quesnel.⁴

Housing

The current housing stock in Quesnel is a mix of single family detached homes, low rise apartments, duplexes, semi-detached, row homes, and mobile homes. Single detached

³ 2016 Statistical Profile of Quesnel. Statistics Canada.

⁴ BC Community Health Profile: Quesnel (2018). Provincial Health Services Authority.

homes make up much of the housing (61%), followed by apartments (20%). There are two assisted living sites (46 units in total; one public and one private facility), one residential care facility (117 beds), and an affordable housing apartment block for those 60+ (46 units). The Quesnel Lions Housing Society is currently in the process of building an additional seniors housing project in the downtown core. The new building will provide 30 affordable, accessible apartment units for independent seniors. Additionally, Dakelh and Quesnel Community Housing Society are currently constructing a 38-unit 4 storey apartment building that will contain a mix of studio, one-bedroom and two-bedroom units targeting the affordable and accessible housing markets. Despite the dedicated housing for older adults, wait times for affordable seniors housing in Quesnel are a significant issue.

Income

The unemployment rate in Quesnel is 10.7% as compared to 6.7% provincially. The median household income in Quesnel is in line with the provincial average at \$65,000 per year.

Healthcare

Compared to other small communities, Quesnel has excellent healthcare availability including good access to family doctors and a local hospital. Chronic disease rates (e.g., asthma, COPD, diabetes, heart failure) however, are higher than the provincial average.⁵

⁵ BC Community Health Profile: Quesnel (2018). Provincial Health Services Authority.



NEEDS ASSESSMENT: METHODOLOGY

The first step in designing an age-friendly city is to carry out a needs assessment. Baseline assessments not only provide a valuable tool for which to measure progress, but also allow community members to guide the process of decision-making. This includes continued support of existing programs as well as future age-friendly initiatives. An age-friendly needs assessment of the City of Quesnel was conducted between April and June 2018.

The needs assessment was designed to be compatible with future evaluation. Data collection in each age-friendly domain was based on indicators identified in the Public Health Agency of Canada (PHAC) *Age-Friendly Communities Evaluation Guide*.⁶ The PHAC indicators were developed from the work of the World Health Organization and tailored to a Canadian context. The indicators were designed for communities to systematically plan, implement and evaluate age-friendly initiatives. The use of indicators in the assessment process creates both a baseline measure and allows for a more seamless assessment of age-friendly efforts in the future.

⁶ Age-Friendly Communities Evaluation Guide: Using Indicators to Measure Progress (2015). *Public Health Agency of Canada*.

The needs assessment was conducted using a mixed-methods approach. This included secondary research, a survey (both online and in print), a World Café, focus groups, and one-to-one interviews with seniors, caregivers, and service providers. The community consultation provided both qualitative data and feedback for the recommendations listed in each domain.

Secondary Research

The context for this age-friendly project was provided by a review of the literature related to age-friendly planning in rural and remote communities. This was followed by an environmental scan, a program inventory, and a review of public documents. The information collected provides the background, evidence, and a framework for the age-friendly recommendations.⁷

Survey

A brief survey provided quantitative information for the needs assessment. There is currently no standardized survey tool to assess age-friendliness in smaller communities. The survey for this project was developed using a combination of demographic questions already in use by the Canadian Community Health Survey, along with the indicators identified in the PHAC evaluation guide. Although developing a new survey instrument is not always ideal in terms of rigor, it does allow for longitudinal comparison in a single community. The questions from the Canadian Community Health Survey allow for demographic comparisons to other communities, as well as for comparisons to national statistics.

Given the time and logistical constraints involved in sampling in a smaller community, survey responses were collected by way of a convenience sample. Although many seniors' services are designed for those aged 65 and older, the survey sample included those between the ages of 55-64. This inclusion allowed for an analysis of needs by age-category.

⁷ Buckner S, Pope D, Mattocks C, Lafortune L, Dherani M, Bruce N. Developing age-friendly cities: an evidence-based evaluation tool. J Popul Ageing. 2017; <https://doi.org/10.1007/s12062-017-9206-2>.

The survey provided baseline data to understand the current age-friendly features in each domain, as well as basic demographic data of the survey respondents. A total of 202 people completed the survey. Survey respondents were asked to assess each indicator as “excellent”, “good”, “fair”, “poor” or “don’t know”. Responses with a combined score of good and excellent lower than 50% were flagged as areas for improvement.

“I think the biggest thing you have to realize is that age doesn't mean crocheting and country music and pink cardigans. For our generation it may mean AC/DC or Woodstock or being ex-hippies. We may need a bit of help getting around, but our tastes haven't changed.”

- Survey respondent

Demographic information revealed that in all age categories, sex and length of time living in the City were very similar; three-quarters of survey participants were female, and most respondents (74%) had lived in Quesnel more than 20 years. Table 1.0 provides an overall comparison on selected topics from the survey for those 55-64 and those 65+, in both Quesnel and the Northern Interior Health Service Delivery Area.⁸ The percentages listed reflect the number of survey participants who responded to the questions with a rating of either “good” or “excellent”.

Profile of survey respondents 65 and older

Almost 85% of community members in this age category rated Quesnel as a good or excellent place to live, and 75% rated Quesnel as a good or excellent place to retire. Most respondents (65%) reported that they live in single family homes. Half the respondents in this age group indicated that their yearly household income was between \$15,000 and \$24,999.

⁸ Statistics Canada (2016). Table 13-10-0113-01 Canadian health characteristics, two-year period estimates

Table 1.0: Comparison of survey responses between Quesnel residents ages 55 to 64 years and age 65+ with Northern Interior Health Service Delivery Area (answers reflect the percentage of people who responded with “good” or “excellent”)

Question	Quesnel 55-64	Northern Interior 55-64	Quesnel 65+	Northern Interior 65+
Quesnel as a place to live	74%	n/a	85%	n/a
Quesnel as a place to retire	54%	n/a	75%	n/a
Well built, affordable housing	22.5%	n/a	35%	n/a
Wait times for affordable housing	3%	n/a	29%	n/a
Sense of belonging to local community (somewhat strong and very strong)	78%	73%	70%	73%
General health	53%	54%	31%	39%
Life satisfaction above 50%	89%	90%	58%	90%

Demographics of survey respondents aged 55-64

In comparison to the 65 and over age group, 74% of community members rated Quesnel as a good or excellent place to live, and only 54% rated Quesnel as a good or excellent place to retire. Most respondents (89%) also lived in single family homes and 65% percent of respondents were working for pay or actively looking for paid work. Sixty percent of respondents in this age group reported a yearly household income of \$40,000 and above.

World Café, Focus Groups, and Interviews

Respondents in the World Café (n=19), focus groups (n=11), and interviews (n=12) were asked open-ended questions about their experiences with aging in Quesnel. They were also asked to give feedback about the age-friendly domains that they felt could be improved for seniors in Quesnel. Consultation with First Nations and/or aboriginal groups was not achieved during this round of consultations. The City of Quesnel anticipates more in-depth discussion with local organizations on age-friendly issues for this population



AGE FRIENDLY DOMAINS: DETAILED FINDINGS AND RECOMMENDATIONS

The following section is grouped by the eight age-friendly domains as outlined by the World Health Organization. Each dimension has a list of current age-friendly features, areas for improvement, and age-friendly recommendations based on the needs assessment results. The recommendations are listed as strategies with specific actions; each action in a strategy area is associated with a timeline. Timelines are listed as “short” (something that could be expected to be completed in six months to two years), “medium” (two to four years), and “long-term” (which could take up to five years or more). Areas in which the City is already planning or implementing changes have not been duplicated in the recommendation tables. In addition, possible opportunities to apply for grant-funding have been listed with matching recommendations. All strategies are designed for future evaluation to be comparable to the baseline assessment measures.

OUTDOOR SPACES AND PUBLIC BUILDINGS

Accessible outdoor spaces and public buildings have a significant impact on the confidence of older adults to walk in their communities. Of particular interest in age-friendly planning are the safety, aesthetics and “microscale” features (e.g. sidewalks, curbs) of the built environment. These are especially important for the promotion of walking for older adults.⁹

Neighbourhood walkability is not only key to use of community services, it also serves as one of the main forms of exercise in a population that has the lowest level of physical activity in Canada.¹⁰ Perceptions of decreased safety, sidewalks that impede mobility aids, a lack of seating, and crosswalks that are difficult to navigate can all deter an older adult from walking in his or her community.

Issues related to outdoor spaces and public buildings generated a significant amount of discussion in the community consultation. This domain represents the largest amount of data collected in the age-friendly assessment. The feedback is grouped by themes and each theme is discussed in detail under the heading of individual PHAC indicators. Unlike other domains listed in the report, each area has suggestions for improvements that have been further broken down by subsection.

Current age-friendly features

Participants in the community consultation identified the following items as being the main age-friendly features of the outdoor spaces and public buildings in Quesnel:

1. A compact and walkable downtown that makes accessing a range of services easy.
2. A lot of excellent outdoor areas/parks.
3. Good in-city snow removal.

⁹ Cunningham, G. O., & Michael, Y. L. (2004). Concepts Guiding the Study of the Impact of the Built Environment on Physical Activity for Older Adults: A Review of the Literature. *American Journal Of Health Promotion*, 18(6), 435-443.

¹⁰ Health Status of Canadians 2016: Report of the Chief Public Health Officer - What is influencing our health? - Physical activity. Government of Canada.

4. Regular curb-cuts.
5. The new public washrooms in Spirit Square.
6. The increasing addition of accessibility features in the city core (e.g., accessible crosswalks, automatic door openers).

Areas for improvement

The following section outlines the most common concerns expressed during the community consultation.

WALKABILITY

Indicator: Number of rest places and distance between rest places.

Although results of the environmental audit indicated that the downtown core had a regular and closely spaced outdoor seating, only 42% of survey respondents felt that there were an adequate number of rest places. Themes that arose from the community feedback were:

1. A lack of benches around residential areas (these are needed in addition to the bus stop benches).
2. An urgent need for seating and a shelter for the Northern Health Bus stop at the hospital.
3. There is not enough seating along the River Walk path. The environmental audit included an assessment of the number of seats on the River Walk; although there was regular seating on the walkway, many of the seating arrangements currently require that pedestrians leave the paved path to access the seats. The uneven ground between the seats and the path may pose a barrier for those with mobility issues.

Indicator: Number of accessible washrooms.

Accessible and publicly available washrooms are important to seniors trying to maintain independence. Many of the community consultation participants indicated that they avoided going into the downtown core because of the unavailability of public washrooms. This was

confirmed by the survey; only 22% of survey participants felt that the number of public washrooms in the downtown area was “good” or excellent”.

Indicator: Crosswalks are safe (e.g., with appropriate crossing times, mid-block crosswalks on long streets, median rest stops, good visibility).

Older pedestrians are particularly vulnerable. They account for 50% of all pedestrian injuries, are usually more severely injured in crashes, and stay 3-5 times longer in hospital when compared to adults under the age of 65. There are more senior pedestrians injured at intersections than any other age group.¹¹ Although **45% of survey respondents indicated that crosswalk safety was good or very good in Quesnel**, crosswalk safety, specifically on Front Street between the hospital and Fraser Village, was a recurrent theme in consultations. Respondents were particularly concerned about limited snow removal in crosswalk areas that support scooter and wheelchair mobility (e.g. on curb cuts), the lack of lighting, and the time allotted for pedestrian crossings.

Crossing time has been shown to have a significant impact on the risk for injury in older pedestrians. Traditional crossing time allowances of 1.2 m/s do not adequately account for the reduced gait speed of many seniors, and subsequently puts many at risk for harm in crosswalks.¹² The crossing time recorded in the environmental assessment of the Front Street controlled crosswalks, was approximately 10 seconds.

This road (Highway 97) has been the subject of a two-phase community-engagement project in the Highway 97 Quesnel Transportation Plan. Pedestrian safety has also been raised as a concern by respondents in the project’s community engagement process, particularly

¹¹ Lord, S., Cloutier, M., Garnier, B., & Christoforou, Z. (2018). Crossing road intersections in old age—With or without risks? Perceptions of risk and crossing behaviours among the elderly. *Transportation Research: Part F*, 55282-296. doi:10.1016/j.trf.2018.03.005

¹² Lachapelle, U., & Cloutier, M. (2017). On the complexity of finishing a crossing on time: Elderly pedestrians, timing and cycling infrastructure. *Transportation Research Part A: Policy & Practice*, 9654-63. doi:10.1016/j.tra.2016.12.005

because of the high number of seniors' residences and the Quesnel Hospital locations on the route.¹³

Indicator: Sidewalks, trails and walkways exist and are in safe condition (e.g., have smooth surfaces, curb cuts, separate bike lanes, are wide, well lit, clear of ice and snow).

Almost half (47%) of survey respondents felt that sidewalks, trails, and walkways in Quesnel are good or excellent. Even with this level of endorsement there were still many specific concerns about this topic. The main theme was:

1. Lines or stripes need to be re-painted on the slopes of city curb cuts and tactile material needs to be added. The City may also want to investigate more durable paint products to minimize the impact of paint wear over the winter months.

Actual and Perceived Accessibility

Indicator: Public buildings have adequate access and maneuverability around buildings (e.g., access at ground level, level entry, wheelchair ramps, automatic doors, wide aisles to accommodate scooters and wheelchairs).

Most people who participated in the community consultations reported that overall accessibility in the city was good. **Sixty-seven percent of survey respondents indicated that public building accessibility was "good" or "excellent".** Some of the general concerns about accessibility were:

1. More businesses should take advantage of grants to promote accessibility.

"Accessibility doesn't mean it's just for disabled people and shouldn't be thought of, discussed or addressed as an 'add on'. It should be up front and the FIRST thing that is included in any design."

- Survey respondent

¹³ Urban Systems Limited (2018). Highway 97 Quesnel Transportation Plan. Phase 2- February 2018 Community Engagement Summary Report.

2. Preference should be given to new buildings and building improvements giving consideration to accessibility.

Crime Prevention

Indicator: Availability of crime prevention strategies, courses and programs for seniors

"I think improving safety from harm from others generally comes from addressing social conditions which lead to crime. Improving seniors' perception of their safety could be improved by public education, public education which assists adults to plan for their future as an older person could also promote safety, it's possible that people would be less vulnerable if better prepared."

– Survey respondent

Many respondents reported that they did not feel safe in sections of the downtown area because of visible drug use and panhandling. **Only 18% of survey respondents indicated that crime prevention strategies in Quesnel were "good" or "excellent"**. Many seniors reported that they felt that their quality of life had declined because they were unable to participate in their community in the same way that they had done in the past. This participation was directly linked to the perception of safety in the downtown core.

There is not a regularly scheduled crime prevention training program for seniors in Quesnel. The RCMP currently offer as-

requested/needed crime prevention training for seniors in Quesnel as part of their community outreach program. Many people in the community consultation indicated that they were not aware of the crime prevention training offered by the RCMP. Many also expressed interest in learning more about this type of service or having the training expanded to a regularly offered course.

Recommendations for planning

The following table provides recommendations for strategies to increase age-friendliness in the domain of outdoor spaces and public buildings. This includes timelines, actions, intended outcomes, resources, partnerships, and linkages.

Walkability Strategy 1:

Increase access to rest places in walking areas

Timeline: Medium term

Actions	Outcome	Resources	Partners/linkages
Build access points to existing River Walk seating. Plan for additional seating in new construction and revitalization plans e.g., between downtown and West Quesnel.	Improved safety and walkability for seniors in Quesnel.	Community Services	Quesnel 2030: Official Community Plan (section 5.11.2, point 7) Grant opportunity: 2018 Creating Healthy Places Grant ¹⁴

Walkability Strategy 2:

Improve access to public washrooms

*Timeline: 1. Short-term
2. Long-term*

Actions	Outcome	Resources	Partners/linkages
1. Encourage downtown businesses to make their washrooms available as part of an age-friendly business strategy (please see description in accessibility strategy below).	Increased confidence of seniors to walk in the downtown core, thereby using services, and frequenting businesses.	Business Improvement Association and the Chamber of Commerce	Age-friendly business program
2. Plan for additional washrooms in public areas.	Increased access to walkable community area for seniors.	Public Works	Quesnel 2030: Official Community Plan (section 5.11.2, point 15)

¹⁴ <https://planh.ca/training-support/healthyandsustainableenvironmentsgrant2018>

Walkability Strategy 3:

Improve crosswalk safety

*Timeline: 1. Short-term
2. Medium-term*

Actions	Outcome	Resources	Partners/linkages
1. Investigate more durable and tactile paint for crosswalks and on curb cuts. Add tactile pads to more heavily used areas.	Improved safety and accessibility of city streets for seniors and for others with mobility issues or visual impairment.	Public works	Accessibility & Inclusion Advisory Committee [external]
2. Extend to the crosswalk timing in the downtown Front Street intersections.	Improved safety for those with health, visual, and mobility challenges.		Highway 97 Quesnel Transportation Plan, British Columbia Ministry of Transportation and Infrastructure

Walkability Strategy 4:

Improve sidewalks, trails and walkways safety

Timeline: 1. Short-term

Actions	Outcome	Resources	Partners/linkages
Increase awareness of the need for prompt sidewalk snow clearance by business owners.	Improved safety and accessibility of City streets for all age groups.	Community Services	Business Improvement Association and the Chamber of Commerce

Actual and Perceived Accessibility Strategy:

Ensure older adults are considered in accessibility design features in the community

Timeline 1. Short-term

2. Short-term

Actions	Outcome	Resources	Partners/linkages
1. Create a Seniors' Council, which will lead development of a program in which businesses could voluntarily comply with senior accessibility standards in exchange for formal recognition and /or inclusion in City marketing materials.	Improved business access for seniors and increased customer-base for businesses.	Community Services	Small Business BC, Seniors Advocacy Services, Accessibility & Inclusion Advisory Committee, Quesnel & District Chamber of Commerce and local Business Associations Grant Opportunity: New Horizons for Seniors Program
2. The City could more widely publicize the housing incentive bylaw, which requires accessibility and adaptability features for builders to qualify for the incentives.	Improved access for those who might have accessibility challenges.	Community Services, Development Services	Accessibility & Inclusion Advisory Committee [external] Grant Opportunity: 2018 Community Wellness Strategy Grant ¹⁵

Crime Prevention Strategy:

Increase crime prevention training for seniors

Timeline: Short-term

Actions	Outcome	Resources	Partners/linkages
Develop and offer crime prevention curriculum specific to personal safety for seniors. This could be expanded to a series of safety courses for seniors including elder abuse, safety online, home fire safety etc.	Enhanced feeling of personal safety or seniors.	Community Services	RCMP, BC Crime Prevention Association

¹⁵ <https://planh.ca/training-support-funding/communitywellnessstrategygrant2018>

TRANSPORTATION

Transportation was identified as one of the seven core community-based seniors' services in the recent "Raising the Profile Project" (RPP). The RRP report focuses on the importance of the role of non-profit and municipal seniors support services in helping BC seniors to age-in-place.¹⁶ Lack of transportation has been regularly cited as one of the top barriers to older adults remaining in their homes and communities. Not having access to regular transportation also puts seniors at significant risk for isolation, particularly in rural and remote communities.¹⁷ Many seniors who can no longer drive are dependent on family and friends, public transit (including the HandyDART program), volunteer driver programs (e.g., Better at Home), and taxi service.

Current age-friendly features

Community consultation participants identified the following age-friendly features in Quesnel related to transportation:

1. The Northern Health Bus.
2. The Better at Home volunteer driver program.
3. The HandyDART service (a custom transit service, that provides door-to door transit for people who are unable to use the conventional system without assistance).¹⁸

¹⁶ Cohen, M., Spinder, C. (2017). Raising the Profile Project. Findings and Recommendations from the Community Consultations.

¹⁷ Social Isolation Among Seniors: An Emerging Issue. (2004) BC Ministry of Health. Retrieved from https://www.health.gov.bc.ca/library/publications/year/2004/Social_Isolation_Among_Seniors.pdf

¹⁸ Quesnel Transit Review (2013). Retrieved from <https://bctransit.com/servlet/documents/1403640763492>

Areas for improvement

Many comments about transportation were about availability and affordability. These included:

1. Transportation (especially to and from appointments) is very difficult to organize and costly if no family or friends are willing and/or available to help.
2. The difficulty in booking and the overall cost of the HandyDART service.
3. The lack of evening and weekend HandyDART services.
4. Bus routes and overall bus service are limited.
5. Taxi service is expensive and there is no subsidy of taxis for seniors.

The information below summarizes the responses from survey participants in this domain. A percent score under 50% was flagged as further opportunities for improvements in transportation age-friendliness.

Table 2.0: Survey responses related to transportation

Indicator	"Good" or "excellent" responses on survey
Availability of a range of affordable options for transportation	44%
Proportion (or number) of buses that are accessible, clean, and with destination and number clearly displayed	63%
Bus stops/shelters are safe and accessible (e.g., with seating, well lit, covered, snow removed, close to seniors' residences).	50%
Streets have clear and appropriate street signage and lane markers.	60%

Currently some of the gaps in additional transportation are being filled by the volunteer driver program offered through Better at Home (a community-based program offering non-medical home support services). This program is currently at capacity with a waiting list in place and has no additional funding to expand service.

The HandyDART program in Quesnel also has several challenges to service delivery: Costs to run the HandyDART are approximately three to four times higher than traditional bus services. Many of those registered with the service are located a significant distance outside

of the City boundary (37% of trips are outside of the City of Quesnel). Unmet trips for HandyDART ridership continue to be high (i.e., 90 per month).¹⁹ “Taxi-savers” (a taxi supplement program that dispatches a private taxi when the HandyDART is not available) are no longer offered in Quesnel because the local taxi company cannot guarantee scheduled appointments and does not have wheelchair accessible vehicles.

Along with the lack of wheelchair accessibility, private taxi use as a transportation method for seniors also poses financial barriers. As was reported in the community consultation, taxi service can come with a significant cost. As is highlighted in the table below, Quesnel has one of the highest taxi costs in the province.

Table 3.0 Estimated Costs of Round-Trip Taxi Rides in Select Regions or Municipalities in B.C.

	20KM ROUND TRIP	10KM ROUND TRIP	6KM ROUND TRIP
Capital Regional District	\$49.72	\$28.49	\$20.00
Lower Mainland	\$47.52	\$27.28	\$19.18
Kamloops	\$50.16	\$28.27	\$19.51
Williams Lake	\$63.10	\$36.15	\$25.37
Sicamous	\$57.53	\$32.23	\$22.11
Quesnel	\$83.38	\$44.88	\$29.48
Cranbrook	\$53.11	\$34.74	\$27.39

* Source: Office of the Seniors Advocate – 2018 Seniors Transportation report

Recommendations for planning

The following table provides recommendations for transportation strategies. This includes timelines, actions, intended outcomes, resources, partnerships, and linkages.

Transportation Strategy:

Increase the availability of a range of affordable options for transportation

¹⁹ Quesnel Transit System Targeted Transit Service Review (2013). City of Quesnel and BC Transit

Timeline: Medium-term

Actions	Outcome	Resources	Partners/linkages
<p>Option 1: Form a partnership with Translink, The City of Quesnel and Northern Health to provide additional funds/incentive for a taxi saver driving service. Tender a Request for Interest.</p> <p>Option 2: Work in collaboration with Translink, Better at Home, The City of Quesnel and Northern Health to fund and expand the current Better at Home program, for those who do not need wheelchair accessible taxis but who need extra assistance. The existing Taxi- saver budget could be used to cover the cost of a pilot program.</p>	<p>Reduce social isolation, improve health outcomes by increasing overall mobility and social connectedness of seniors.</p>	<p>Community Services, Raising the Profile Project, Quesnel Transit System: Targeted Transit Service Review</p>	<p>Translink, Northern Health, Better at Home</p>

HOUSING

Current age-friendly features

Community consultation participants identified the following age-friendly features in Quesnel related to housing:

1. New seniors housing is currently under construction.
2. The cost of real estate is reasonable compared to other parts of the province.
3. The existing supported seniors housing (e.g. Dunrovin).

Areas for Improvement

The themes that emerged from the community consultation were:

1. More affordable housing is needed.
2. More supported housing is need.
3. More independent-living housing is needed.
4. More options for downsizing (decent quality condos, townhomes etc.) for rent and purchase are needed.

"Seniors are the foundation of our communities, most of whom have contributed majority of their lives to our town. Providing better (health) services, more safety, and adequate and affordable housing should not be considered a privilege; it should be considered a necessity."

- Survey respondent

The information below summarizes the survey responses from survey participants in this domain. A percent score under 50% was flagged as further opportunities for improvements in age-friendliness.

Table 4.0: Survey responses related to housing

Indicator	"Good" or "excellent" responses on survey
Availability of affordable housing that is appropriately located, well built, well designed, secure, and for which waiting times are short.	23%
Availability of affordable multi-purpose and aging in place housing options.	13%
Availability of programs for increasing accessibility, safety and adaptability of housing (e.g., hand rails, ramps, smoke detectors).	17%
Availability of a resource listing age-friendly home maintenance, support and care-giving services	18%
Awareness of rent subsidy or other programs (e.g., home loans) among seniors.	31%

Recommendations for planning

The following table provides recommendations for age-friendly housing strategies. This includes timelines, actions, intended outcomes, resources, partnerships, and linkages. Strategies in these areas are intended increase housing availability and increase the proportion of people age 65+ who want to remain in their current residence.

Housing Strategy: Increase supply for supported housing <i>Timeline: 1. Long-term</i> <i>2. Short-term</i>			
Actions	Outcome	Resources	Partners/linkages
1. Prioritize the plan repurpose and redevelop the former Quesnel Junior High site into a seniors-oriented development that includes a spectrum of seniors housing.	Increased supported and affordable housing available to seniors.	Development Services, Community Services	Quesnel Official Community Plan: Section 4.2.2 (Downtown and North Quesnel) point 7
2. As part of a Seniors Directory (please see description in the Communication and Information section) list government resources related to the Home Improvement Assistance Program.	Increased number of seniors aging-in-place.	Community Services	

SOCIAL PARTICIPATION AND RECREATION

Current age-friendly features

Most Quesnel seniors surveyed (80%) reported that they are happy with their social contacts. Almost 60% take part in social activities at least once a week and most often participated in a community, fraternal or faith-based social group. Community consultation participants identified many age-friendly social and recreational opportunities in Quesnel. These include:

1. The Seniors Centre.
2. The Arts and Recreation Centre.
3. The indoor walking area at the West Fraser Centre [and at the Quesnel Youth Soccer Association field].
4. Programs for seniors at the Legion.
5. Outdoor recreation opportunities.
6. Live concerts and art events.

Areas for improvement

The areas for improvement from the community consultation related to social participation and recreation were:

1. More programs for seniors at the Arts and Recreation Centre are needed.
2. More adult day programs are needed.
3. There are few evening entertainment opportunities such as theatre, music and art activities.
4. There is a lack of learning opportunities for older adults.
5. Cost of programs for seniors is a barrier for entry.
6. There are not enough opportunities for senior men to socialize.

"Keeping us healthy and agile will keep us mobile and out of the health care system."

- Focus group participant

7. More intergenerational activities are needed.
8. More daytime exercise programs should be offered.

The information below summarizes the survey responses from survey participants in this domain. A percent score under 50% was flagged as further opportunity for improvements in age-friendliness.

Table 5.0: Survey responses related to social participation

Indicator	"Good" or "excellent" responses on survey
Availability of recreation and learning programs specifically for seniors (e.g., computer courses, community gardens, crafts, games, exercise classes).	35%
Affordable recreation programs for seniors	36%
Availability of opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages (i.e., intergenerational activities)	28%

Recommendations for planning

The following table provides recommendations for recreation and social participation strategies. This includes timelines, actions, intended outcomes, resources, partnerships, and linkages.

Recreation Strategy 1:

Increase availability of recreation and learning programs specifically for seniors (e.g., computer courses, community gardens, crafts, games, exercise classes).

Timeline: 1, 2, 3, 4 - Medium-term

Actions	Outcome	Resources	Partners/linkages
<ol style="list-style-type: none"> 1. Increase programs for seniors at the Arts and Recreation Centre (e.g. balance and strength, crafts, games, "Elder College"). 2. Approach Seniors Centre to explore possibility of offering space for an additional adult day program. 3. Increase evening entertainment programming (e.g. theater, music, and art) for all ages 4. Pilot a community program offered specifically to senior men. 	Improved social participation of older community members.	Community Services	Age-friendly committee, Seniors groups Northern Health Authority, Seniors Centre Quesnel Official Community Plan 2030 (section 5.7.1), Seniors Advocacy Services

Recreation Strategy 2:

Increase affordability of recreation programs for seniors

Timeline: Short-term

Actions	Outcome	Resources	Partners/linkages
Advertise the subsidy for seniors who can't afford recreation programming, allowing them to participate for low or no cost.	Reduce financial barrier to participation in social and recreational opportunities for lower income seniors.	Community Services	

Recreation Strategy 3:

Improve intergenerational opportunities

Timeline: Medium term

Actions	Outcome	Resources	Partners/linkages
Develop intergenerational programming that is mutually beneficial for those in different age groups (e.g. teens teaching computer or mobile device use, "Adopt a Grandparent" program, "seniors reading to children" program)	Increased opportunities for intergenerational learning, reduce social isolation.	Community Services	Grant opportunity: New Horizons for Seniors Program ²⁰

²⁰ <https://www.canada.ca/en/employment-social-development/services/funding/new-horizons-seniors-community-based.html>

RESPECT AND SOCIAL INCLUSION

Current age-friendly features

Community consultation participants consistently reported that they felt respected and included by their community. Survey results revealed that over three quarters of respondents felt a strong sense of belonging to their community. The main themes that emerged from the consultations were:

1. Quesnel is filled with friendly people.
2. There is a strong sense of community.
3. There is overall respect and inclusion of seniors by the community.

Areas for improvement

1. Social isolation is a major issue for those who would not typically join activities or have difficulty joining because of health, mobility, or transportation issues. This is especially true in advanced age; **sixty percent of survey respondents aged 80 or older reported that they lack companionship** as compared to 23% or those 55 to 64 years old and almost half of those 80+ reported feeling “left out” as opposed 24% of those 55 to 64.
2. There is a lack of intergenerational activities. Just 28% of survey participants indicated that programs for seniors to participate with other age groups, were “good” or “excellent”. Intergenerational offerings not only help to foster respect between different age groups, they also may have an impact on improving health outcomes by reducing social isolation.²¹

²¹ Ronzi, S., Orton, L., Pope, D., Valtorta, N. K., & Bruce, N. G. (2018). What is the impact on health and wellbeing of interventions that foster respect and social inclusion in community-residing older adults? A systematic review of quantitative and qualitative studies. *Systematic Reviews*, 71-22. doi:10.1186/s13643-018-0680-2

Recommendations for planning

The following table provides recommendations for ways to improve respect and social inclusion in Quesnel. The table includes strategies, timelines, actions, intended outcomes, resources, partnerships, and linkages.

Social inclusion Strategy: Increase opportunities to reduce social isolation <i>Timeline: Long-term</i>			
Actions	Outcome	Resources	Partners/linkages
Develop and pilot a “social prescribing” ²² program with Northern Health to link isolated seniors with community services.	Reduce social isolation, improve health outcomes.	Community Services	Northern Health Authority, community service organizations (e.g., Better at Home, Meals on Wheels), Age-friendly committee Grant opportunity: New Horizons for Seniors Program, Community Wellness Grant Strategy

²² Making sense of social prescribing. (n.d.) University of Westminster. Retrieved from <https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network>

CIVIC PARTICIPATION AND INFORMATION

Current age-friendly features

Community consultation uncovered the following age-friendly features related to civic participation and employment:

1. The fact that City Council is developing an age-friendly community in a pro-active way.
2. Quesnel has reasonable City taxes.
3. Quesnel is a city of volunteers.
4. There is decent job availability.
5. There is excellent advocacy from seniors' groups.

"We need more public education that reflects the many positive contributions seniors can make to any community rather than being characterized as the silver tsunami which is going to be nothing but a giant burden on everyone else."

- Survey respondent

Unemployment and Employment

One of the ways that older adult civic participation can be measured is by examining levels of employment and unemployment. For those age 65 and older, 93% of survey respondents indicated that they were fully retired. The remaining seven percent reported that they were working full or part-time for pay. There was no unemployment reported by this age bracket. In contrast, of those 55 to 64 years old only 36% were fully retired and 5% were unemployed but looking for work. Data for this section was collected through demographic questions on the survey and by way of program inventories. No survey questions were directly related to this topic.

Areas for improvement

1. There needs to be more support for volunteers (e.g., training, transportation, reimbursement of expenses, method of appreciation).
2. Training opportunities related to the accommodation of seniors' needs in the workplace should be made available.

Recommendations for planning

The following table provides recommendations for civic engagement strategies. This includes timelines, actions, intended outcomes, resources, partnerships, and linkages. The strategies are designed to be measurable against the original indicators used in the assessment.

Civic Engagement Strategy 1: Increase support for volunteers <i>Timeline: Medium-term</i>			
Actions	Outcome	Resources	Partners/linkages
Develop a volunteer training and retention strategy. Seniors could be used in succession planning and training for volunteer roles.	Increased volunteer base.	Community Services	

Civic Engagement Strategy 2: Increase training opportunities regarding seniors in the workplace <i>Timeline: Medium-term</i>			
Actions	Outcome	Resources	Partners/linkages
Develop training and awareness materials regarding older workers as part of the age-friendly business program.	Increased opportunities for employment for older workers.	Community Services	Age-friendly business program

COMMUNICATION AND INFORMATION

Current age-friendly features

No age-friendly features in this domain were identified during the community consultations.

Areas for improvement

The following themes were identified in community consultations:

1. There is not a centralized means of accessing information about seniors' services and events (e.g. brochure).
2. There is limited help for seniors to fill out forms (e.g. government forms, tax forms).
3. There is too much emphasis on online information. This can prove difficult for seniors who are not computer savvy.

Table 6.0: Survey responses related to communication and information

Indicator	"Good" or "excellent" responses on survey
Availability of a "live" person to answer phone call for public services	25%
Help for seniors to fill out government/municipal forms	35%

Recommendations for planning

The following table provides recommendations for better communication and information-sharing strategies. This includes timelines, actions, intended outcomes, resources, partnerships, and linkages.

Communication Strategy 1:

Increase assistance to seniors who need to fill out City forms

Timeline: Short-term

Actions	Outcome	Resources	Partners/linkages
Develop and provide a short training program to help City staff understand challenges that seniors may face in communication (i.e., visual and hearing impairment, cognitive issues, decreased motor skills).	Improved service from City to older citizens.	Community Services	Northern Health Authority

Communication Strategy 2:

Improve communication of City information to older citizens

Timeline: Short-term

Actions	Outcome	Resources	Partners/linkages
1. Implement a mixed media strategy (e.g., online, paper, telephone, community listings etc.) for communication of City information	Improved access to City information for older adults.	Community Services	Accessibility & Inclusion Advisory Committee [external], Age-friendly committee
2. Assemble all senior-related services and programs into a comprehensive senior's directory that is offered in several formats. Promote widespread dissemination of the directory.	Centralized information pertinent to older adults.	Community Services	Grant Opportunity: The City of Quesnel was successful in securing funding from the New Horizons for Seniors Program. The roll-out of new senior resource guide is anticipated for Quesnel Seniors' Day on September 8, 2018.

COMMUNITY SUPPORT AND HEALTH SERVICES

Current age-friendly features

Participants in the community consultations identified many age-friendly community and health services in Quesnel. These included:

1. A range of excellent social services supporting seniors, cancer care, the hospital, library, home care, nursing staff etc.
2. The Better at Home program.
3. Meals on Wheels.
4. Seniors advocacy groups (e.g., Seniors Advocacy Services, the OAPO).
5. The two seniors' organizations (i.e., Quesnel & District Seniors' Society and Golden Centre).
6. The Quesnel & District Hospice Palliative Care Association.
7. The availability of family doctors.
8. The City partnership with the Northern Health Authority.
9. Good collaboration between organizations.

Areas for improvement

The following themes were identified as areas for improvement in the community and health services domain:

1. There is a lack of support services for seniors to remain in their homes.
2. There is little support for caregivers.
3. There is a need for more programs for people with mild dementia and their support for their caregivers.
4. The lack of overnight or 24-hour care/monitoring for those who are at home and have higher needs.

The table below summarizes the responses related to community and health services from the community survey:

Table 7.0: Survey responses related to community and health services

Indicator	"Good" or "excellent" responses on survey
Availability of prevention programs related to health issues of high relevance to seniors	25%
Availability of end-of-life support for seniors, their families and caregivers	35%
Availability of low-cost food programs (e.g., meals on wheels, wheels to meals, food bank)	37%
Availability of assistance for activities of daily living (e.g., yard work, shopping, snow removal, garbage collection)	19%

Recommendations for planning

The following table provides recommendations for community and health service strategies. This includes timelines, actions, intended outcomes, resources, partnerships, and linkages. Strategies in this area are intended increase the likelihood of "aging in place" and reduce overall healthcare costs.

Health and Community Services Strategy 1: Increase availability of preventative health programs <i>Timeline 1. Short-term</i> <i>2. Medium-term</i> <i>3. Long-term</i>			
Actions	Outcome	Resources	Partners/linkages
1. Develop a peer-support program for caregivers of older adults. Partner with Northern Health to obtain space for meetings.	Increase likelihood of family support to help seniors stay in their own homes.	Community Services	Northern Health Authority
2. Develop a 24 hour "seniors hotline" (e.g., Quest phonenumber) that could provide contact (and potentially monitoring) for at-risk, homebound seniors.	Increase older citizens ability to age-in-place. Reduce emergency room visits.		Northern Health Authority

3. Explore a “Hospital without Walls” ²³ program/approach (or similar) to support seniors with medical needs to stay in their own homes.		Healthy Aging in the North: Action Plan	Northern Health Authority, Grant Opportunity: Vancouver Foundation – Systems Change Grant
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Health and Community Services Strategy 2:

Improve access to non-medical home support services

Timeline: Medium term

Actions	Outcome	Resources	Partners/linkages
Provide support/funding to expand the Better at Home program	Improved access to non-medical home support services.	Community Services	

²³ Hawkes, N. (2013). Hospitals without walls. BMJ (Clinical Research Ed.), 347f5479. doi:10.1136/bmj.f5479



MOVING FORWARD

This Age-friendly Assessment and Action plan provides a framework for the City of Quesnel to become an age-friendly community. The next steps to ensure that this plan is used most effectively are:

1. Adoption of Assessment and Action Plan by Quesnel City Council.
2. Post the Age-Friendly Assessment and Action Plan publicly.
3. Use the Action Plan to seek formal recognition as an Age-friendly British Columbia community.
4. Form a Council for Seniors to lead implementation efforts.
5. Develop a plan for prioritizing recommendations. Attach a specific timeframe and assign tasks to those involved in implementation efforts.
6. Identify the resources and partnerships needed for implementation.
7. Explore grant-funding opportunities to provide additional resources for implementation.
8. Plan for monitoring and evaluating the age friendly implementation process.

APPENDIX A: DATA COLLECTION DETAILS

The following table provides a summary of data collection tools used in each domain area to collect information on individual indicators:

Age friendly domains	Indicators	Data collection tools
Outdoor spaces and public buildings	<p>Walkability:</p> <ol style="list-style-type: none"> 1. Number of rest places and distance between rest places. 2. Number of accessible washrooms. 3. Crosswalks are safe (e.g., with appropriate crossing times, mid-block crosswalks on long streets, median rest stops, good visibility). 4. Sidewalks, trails and walkways exist and are in safe condition (e.g., have smooth surfaces, curb cuts, separate bike lanes, are wide, well lit, clear of ice and snow). <p>Actual and Perceived Accessibility Public buildings have adequate access and maneuverability around buildings (e.g., access at ground level, level entry, wheelchair ramps, automatic doors, wide aisles to accommodate scooters and wheelchairs).</p> <p>Crime Prevention Availability of crime prevention strategies, courses and programs for seniors (including focus on fraud and elder abuse).</p>	<p>Seniors Walking Environmental Assessment Tool - Revised (SWEATR-2) Survey questions</p> <p>Accessibility checklist Survey questions</p> <p>-Program audit -Survey questions</p>
Transportation	<p>Transportation Options and Public Transit</p> <ol style="list-style-type: none"> 1. Availability of a range of affordable options for transportation (e.g., public/private partnerships, volunteer driving program, park and go, shuttles). 2. Proportion (or number) of buses that are accessible, clean, and with destination and number clearly displayed. 	<p>-Program inventory (Municipal and Ministry of Transportation) -SWEAT-R tool -Survey questions</p>

	<p>3. Bus stops/shelters are safe and accessible (e.g., with seating, well lit, covered, snow removed, close to seniors' residences).</p> <p>4. Proportion of people age 65+ who have access to and use public transportation.</p> <p>Age-Friendly Streets and Parking</p>	<p>-SWEATR tool</p> <p>Survey questions</p>
Housing	<p>Housing Availability</p> <p>1. Availability of affordable housing that is appropriately located, well built, well designed, secure, and for which waiting times are short.</p> <p>2. Availability of affordable multi-purpose and aging in place housing options.</p> <p>Housing Programs and Resources</p> <p>1. Availability of programs for increasing accessibility, safety and adaptability of housing (e.g., hand rails, ramps, smoke detectors).</p> <p>2. Availability of a resource listing age-friendly home maintenance, support and care- giving services.</p> <p>Ability to Age in Place</p> <p>Proportion of people age 65+ who want to remain in their current residence and are confident they will be able to afford to do so.</p> <p>Housing Support Awareness</p> <p>Awareness of rent subsidy or other programs (e.g., home loans) among seniors.</p>	<p>-Canadian Mortgage and Housing data</p> <p>-Survey questions</p> <p>-Program inventory</p> <p>-Survey questions</p> <p>Focus groups and interviews</p> <p>Survey questions</p>
Social participation and recreation	<p>Engagement in Social Activities</p> <p>Proportion of people age 65+ who engage in social activities at least once a week (e.g., meet with friends/neighbours; take part in civic, spiritual or cultural activities; volunteer or work).</p>	<p>Stats Can: Canadian Socio-Economic Information Management System (CASIM)</p>

	<p>Opportunities for Participation</p> <p>Availability of recreation and learning programs specifically for seniors (e.g., computer courses, community gardens, crafts, games, exercise classes).</p> <p>Availability of intergenerational recreation and social programs.</p> <ol style="list-style-type: none"> 1. Availability of opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages. 2. Affordability of seniors' recreation programs. <p>Accessibility of Participation Opportunities</p> <p>Public venues for community-based activities are accessible (e.g., adapted washrooms, a ramp to enter the building, better lighting, temperature control).</p>	<p>Survey questions</p> <p>Survey questions</p>
Respect and Social inclusion	<p>Availability of Intergenerational Activities</p> <p>Availability of intergenerational family activities.</p> <p>Sense of Belonging</p> <p>Level of sense of belonging in the community.</p>	<p>-Program inventory</p> <p>-Focus group and interviews</p> <p>-Survey</p> <p>-Stats Can</p>
Civic participation and employment	<p>Unemployment and Employment</p> <p>Level of unemployment and employment among seniors.</p> <p>Training and Support</p> <ol style="list-style-type: none"> 1. Availability of support for volunteers (e.g., training, transportation, reimbursement of expenses, method of appreciation). 2. Availability of training opportunities related to the accommodation of seniors' needs in the workplace. <p>Accessibility</p> <p>Municipal buildings/meetings are accessible</p>	<p>Stats Can: Labour Force survey</p> <p>Program inventory</p> <p>Accessibility audit</p> <p>Survey questions</p>
Community and health services	<p>Primary Care Physician</p> <p>Proportion of seniors who have a primary care physician.</p>	<p>Assessment tool: Healthy Aging in the North Action Plan</p>

	<p>Supportive Health Services</p> <ol style="list-style-type: none"> 1. Availability of prevention programs related to health issues of high relevance to seniors. 2. Availability of end-of-life support for seniors, their families and caregivers. <p>Community Services</p> <ol style="list-style-type: none"> 1. Availability of low-cost food programs (e.g., meals on wheels, wheels to meals, food bank). 2. Availability of assistance for activities of daily living (e.g., yard work, shopping, snow removal, garbage collection). 	<p>Assessment tool:</p> <p>Program inventory</p>
Other considerations outside of the WHO domains	<ol style="list-style-type: none"> 1. Level of health-related quality of life 2. Level of satisfaction with life in general 3. Loneliness 4. Level of satisfaction with social relationships 	<p>CANSIM</p> <p>Survey questions</p>