Working Together to Support London's Seniors

Community Action Plan

Fall, 2005
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ACKNOWLEDGEMENTS

The Community Action Plan: Working Together to Support London's Seniors was the result of a collaborative community effort involving a wide range of stakeholders, including seniors and service providers. The Community Action Plan is intended to serve as a tool for community planning and collaboration in the City of London.

The following organizations and individuals were instrumental in the development of the Community Action Plan:

- The Seniors' Community Association, whose members include:
  - The Council for London Seniors;
  - CANE (Committee on Abuse and Neglect of the Elderly);
  - Over 55 London;
  - Project SENIOR (Stop Elder Neglect in Our Region);
  - Third Age Outreach; and
  - The Kiwanis Seniors Community Centre.

- Local seniors who participated in the focus group sessions held in May and June, 2005; and

- Participants in the June 22, 2005 Supporting London's Seniors planning session (see Appendix B for the participant contact list).

The Social Research and Planning team in the City of London's Department of Community Services was pleased to facilitate the development of the Community Action Plan.

This report was prepared by Lynn Bowen, Community Planning and Research Associate and Kelly McManus, Manager, Social Research and Planning.

For further information about the Community Plan, please contact Social Research and Planning at the City of London:

- By phone at 661-5336
- By e-mail at socialresearch@london.ca
- Visit the Research and Community Building Launch Pad at www.london.ca/launchpad.
BACKGROUND

We know that the number of seniors in London is growing and will continue to grow in the decades ahead. While this trend is mirrored in communities across the country, developing a local response to this growth in the aging population is important for how our community plans to support seniors and older adults.

Currently, seniors aged 65 years and over make up 12% of London's population (Statistics Canada 2001 Census). This figure rises to over 20% if you include those aged 55 years and over. A 15% increase in residents aged 55 years and over (11,500 seniors) is anticipated by 2011; while the population of Londoners aged 65 – 69 years is projected to grow 31% by this time (City of London Parks and Recreation Strategic Master Plan, 2003). Increased life expectancies and reduction in birth rates (trends shared in urban centres across Canada) will continue to compound this trend.

Why a Community Action Plan on Seniors?

The aging population in London will increase the demand for seniors' services and will require that these services be tailored to meet the unique and diverse needs of seniors. Service providers need to be prepared for the local impact of the aging population.

In June, 2004, the City of London and United Way of London and Middlesex hosted a planning session, "Painting by Numbers." Participants identified the need for more information and action related to seniors in London. In the fall of 2004, he Seniors’ Community Association and the City of London, Department of Community Services initiated a community planning process to begin to work together in this area.

Using the Community Plan

This Community Action Plan offers community driven priority areas for action that can serve as guideposts for local agencies, community organizations and individuals in the development of further strategies, programs and services supporting London’s seniors. This Plan will require continued community dialogue, collaboration, innovative partnerships and most importantly, the involvement of seniors to implement, monitor, and revisit the way that we support London’s seniors.

The Plan is designed with action in mind. "Community worksheets" for action items within each identified priority area are intended to support next steps as we work together to respond to these issues.

How the Community Action Plan Was Developed

Working Together to Support London’s Seniors was developed based on the following:

- A series of focus group sessions held with seniors from different locations throughout the city;
- A review of existing research identifying issues impacting seniors; and
- A planning and consultation session with seniors’ service providers from across the city.

Together, the information from the research review, focus groups, and the community planning session comprise the basis for the Community Action Plan.
CHALLENGING OUR ASSUMPTIONS ABOUT SENIORS...

The current language of aging is obsolete and may be an impediment to change, according to the Harvard School of Public Health (2004). Canadian seniors are becoming a more diverse group, shaped by many factors and life experiences. For many seniors, this means longer, more fulfilling lives, with little change in physical and mental vigour. For others, the effects of disadvantages experienced earlier in their lives can be seen in poverty, disease, disability and premature death.

The National Advisory Council on Aging asserts that the major challenges of the next century will be to change the public image of aging to reflect this diversity and to modify policies and practices in all sectors of society to respond flexibly to the range of seniors' needs (1999 and Beyond, Challenges of an Aging Canadian Society, National Advisory Council on Aging, 2005).

TAKING A CLOSER LOOK AT SENIORS...

Better serving the growing seniors' population requires taking a closer look at the diverse and changing interests and needs of seniors. The results of the Federation of Canadian Municipalities’ 2003 Survey of Social Infrastructure Issues in Quality of Life Reporting System Municipalities indicate that demand for human services is becoming complex and not merely defined as an increase in numbers. Aging baby boomers (40 to 59 years old), for example, pose significant challenges for long term care and in-home supports. Seniors in general are more active than previous generations, and demand more opportunities in recreation, arts, and heritage. Increasing ethnic diversity also presents many challenges to service providers.

As we take a closer look at some of the factors impacting seniors and older adults, we may find ourselves challenging the way we think about and respond to this population.

Resource Binder to Support the Community Action Plan

As a supplement to this Community Plan, a resource binder was developed by the Department of Community Services as a tool to support a community consultation session.

The resource binder provides background information regarding past local research related to seniors in London, an overview of local issues, and a literature review of issues impacting seniors. The resource binder also includes maps based on Statistics Canada 2001 Census data that outline information on seniors’ demographics and the location of local services for seniors.

A copy of the resource binder is available on the City of London’s Research and Community Building Launch Pad at www.london.ca/launchpad or from Social Research and Planning at 661-5336 or socialresearch@london.ca.
Seniors by the Numbers

Seniors make up a large portion of London's current population.

Today...

In London there are currently:
- 12,057 seniors aged 65 – 69;
- 11,215 seniors aged 70 – 74 years;
- 19,929 seniors over age 75.

(Statistics Canada, 2001 Census)

This represents 12.6% of our population.

The cumulative percentage of individuals over age 55 represents 21% of Londoners.

- Those aged 45 to 60 years increased from 53,240 to 63,975 (Statistics Canada, 2001 Census data).
- Those aged 75 and up were 20,790, compared to 17,205 in 1996 (Statistics Canada, 2001 Census data).

Population Projections...

- Major growth is projected for the population aged 65 – 69 which is projected to grow 31% by 2011. A 15% increase in residents 55 and over (11,500 seniors) is expected by 2011 (City of London Parks and Recreation Strategic Master Plan, 2003).

- By 2031, seniors will account for 24.6% of the population in Southwestern Ontario, up from 14.1% (Ontario Population Projections, 2004-2031, Ontario Ministry of Finance, as based on 2001 Census data, February 2005).
Income*


Seniors who are also members of these populations may face greater challenges to meeting their basic needs.

- 12.3% of London seniors were considered to be low-income (below the Low Income Cut-Offs, or LICOs) in 2000.
- 6% of Ontario Works participants were aged 55 and over in February, 2003.
- 32.9% of recent immigrant seniors were low-income in 2000.

Source: 2001 Census data, Statistics Canada

Ability and Activity Level

As the population increases, we see an increased number of chronic diseases and an increased number of chronic disabilities (Canadian Centre for Activity and Aging in London, 2004).

- Eighty-eight percent of individuals over 65 years of age have at least one chronic health condition;
- Chronic health conditions include: arthritis, cardiovascular health, cancer, diabetes, epilepsy, obesity, and oral health; and
- Other health issues include conditions such as Alzheimer’s disease, depression, psychiatric disorders, osteoporosis, and Parkinson’s disease (National Center for Chronic Disease Prevention and Health Promotion).

Seniors are more active and healthy than ever. More and more seniors are embracing the benefits of exercise, and rejecting cards and bingo (International Council on Active Aging).

Seniors' Recreation and Leisure Activity Preferences

According to the City of London's Parks and Recreation Strategic Master Plan (2003), the top four identified recreation and leisure activity preferences for London seniors aged 55+ included walking (65%); golf (14%); cycling (12%); and swimming (11%).

The following recreation and leisure activities as those that are currently, or are expected to become, the most popular for seniors aged 55 and older:

- Walking
- Swimming
- Golf
- Wellness activities (fitness, therapeutic)
- Volunteering
- Nature appreciation
- Cultural programs
- Arts, crafts, games, classes, clubs
- Tours and trips
- Continuing education

* Further details about seniors' income will be available through London's participation in the Canadian Council on Social Development's Urban Poverty Project, available in early 2006.
City of London Parks and Recreation Strategic Master Plan (2003)

Some Key Recommendations Regarding Seniors:

- Seniors (aged 55+) are one of the four target markets upon which the City of London should focus its efforts.

- The aging population will result in increased demand for seniors' programming, including active living and wellness and arts and culture; decreased/stable demand for child and youth programming.

- Adult activity patterns also indicate active adults will become active seniors as they age.

- Volunteerism is on the decline resulting in a need to attract growing seniors cohort and youth as volunteers.

- Subsidy should be based on ability to pay, not age.

- The term “Senior Citizen” will become outdated as the leading edge of the baby boom generation reach upper middle age and begin to retire, causing a significant increase in the 55 and over age group in all areas of the City. The older adult and senior populations will increase dramatically, both in absolute and relative terms. Advances in health care and longer life expectancies also contribute to this trend.

- Older adults and seniors will require a diversified complement of programming and services that address the broadening range of interests within this age group.
Family Support

The availability of family supports is a key influencing factor for seniors’ quality of life that can vary greatly amongst seniors. Seniors living alone face loneliness, unmet daily needs and increased personal safety risks (Interim Report Card - Seniors in Canada, National Advisory Council on Aging, 2003). Those without family supports or the ability to pay for necessary services are at greater risk.

Family stress can have an impact on seniors who do have family supports. Almost 3 in 10 of Canadians aged 45 to 64 years with unmarried children under 25 in the home (or some 712,000 individuals), were also caring for a senior (Statistics Canada, General Social Survey, 2002). These members of the “sandwich generation” are more likely to feel stressed due to the multiple responsibilities of caring for a senior while raising children, face challenges in balancing both responsibilities along with work and life.

Family stress may also arise for seniors experiencing changing roles and role-reversals. For examples:

- **Seniors as parents.** One in 250 children lives with grandparents only, generally because of parent’s inability or unwillingness to care for the children. This creates a different type of stress for seniors who are faced with the many challenges (including financial) of raising children in their later years (“Across the Generations: Grandparents and Grandchildren.” Canadian Social Trends, Winter 2003).

- **Role reversals.** Some seniors may find they need to rely on their children or even grandchildren to take on authority positions (i.e., to speak for them), particularly those who face cultural or language issues that impact traditional family roles.

Newcomers and Recent Immigrants

According to the 2001 Census (Statistics Canada):

- 32.9% of recent immigrant seniors (55+) in London were living below Statistics Canada’s Low-Income Cut Offs (LICOs) in 2000.

- 24.1% of London seniors (55+) who immigrated between 1991 and 1995 were living below the LICOs in 2000.

- These proportions are well above the 12.3% of London seniors living below the LICOs.
Newcomer seniors face unique challenges (Seniors on the margins: Seniors from ethnocultural minorities, National Advisory Council on Aging, 2005). For examples:

- **Health Care.** Culturally specific belief patterns and language barriers may influence an older person's willingness to consult a health professional, to explain their health problem, ask for the type of service they need or indeed ascertain whether or not the service exists.

- **Employment and Income.** Ethnocultural seniors may face numerous barriers to entering the workforce (ageism, discrimination, recognition of qualifications/experience, language barriers, etcetera). This can be compounded by Canada's pension system, which assumes that people will save over their working years in order to fund their retirement. For seniors who came to Canada in their middle age, late entry into the Canadian labour force means that they will have had less time to accumulate savings for their retirement than people who have worked their entire life in Canada.

**Council for London Seniors – Multicultural Survey of Seniors, 2004**

The Multicultural Committee of the Council for London Seniors conducted three surveys as part of its outreach program in 2004 and in February/March 2005. This research was conducted in order to begin to better understand issues of importance to local ethnocultural seniors.

A total of 50 seniors participated in these surveys, representing the following ethnic backgrounds: Spanish, Polish, Arabic, Kurdish, Bosnian, and Pakistani.

The following five major issues were identified by multicultural seniors:

- Transportation;
- Health Issues;
- Language and Cultural Barriers;
- Lack of Awareness of Existence or Role of Certain Services; and
- Discrimination
SPEAKING TO LONDON SENIORS

Seniors Focus Groups

Seven discussion group sessions were held with London seniors in May and June, 2005. A total of 53 seniors from locations throughout the city attended the sessions. The purpose of these sessions was to give seniors in the community an opportunity to talk about issues of importance to them and for us to learn more about how these issues impact their quality of life.

Appendix C outlines further details regarding the results of the focus group sessions. This information was shared with participants at the June 22 “Supporting London’s Seniors” planning session. Table 1 below outlines key issues, themes, and sub-themes that emerged from these discussions.

Table 1

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<thead>
<tr>
<th>Issues/Themes</th>
<th>Sub-Themes</th>
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<tr>
<td>Fraud / Crime Prevention</td>
<td>Prevention – how to keep seniors informed?</td>
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<td>Health and Health Care Services</td>
<td>Impact of cuts to vision, physiotherapy, and chiropractic care and of doctor shortages;</td>
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<td></td>
<td>Important to have access to detailed health information, be able to ask questions of health care professionals (medical appointments can be rushed, intimidating to some seniors); and</td>
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<td>Continuity of care.</td>
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<td>Income/Employment</td>
<td>Cost of services to keep seniors in their homes longer are a challenge for seniors on pensions and fixed incomes; and</td>
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<td>Ageism can be a barrier to employment</td>
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<td>Information/ Education</td>
<td>Communication – sharing knowledge and information with peers (i.e., how to stay healthy, access services, social opportunities);</td>
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<td>Barriers to accessing information may include hearing and vision issues; also, not all seniors can access or are comfortable with computers/the Internet;</td>
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<td>Need for greater coordination of information on services available to seniors and how to access these services; and</td>
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<td>Access to ongoing educational opportunities.</td>
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<tr>
<td>Issues/Themes</td>
<td>Sub-Themes</td>
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<tr>
<td>Keeping Seniors Connected to the Community</td>
<td>▪ Importance of family/social connections – networks help prevent isolation and help ensure safety and quality of life of seniors (i.e., advocate for seniors who are afraid to/too proud to speak up; keeping senior couples together in nursing homes, LTC facilities, etc.).</td>
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<td>Keeping Seniors in their Homes Longer</td>
<td>▪ Costs and quality of services (senior-centred, accountable) in nursing homes, long-term care facilities and home care (particularly for low income seniors); and ▪ Keeping seniors healthy and in their homes longer (services required/available to do so, i.e., groceries/meal preparation, housework, yard work, snow shoveling, transportation, etc.).</td>
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<td>Public Transportation</td>
<td>▪ Ease of access – entry/exit of buses can be challenging without lowered stairs; in some neighbourhoods, have to walk long distances to access bus route; ▪ Issues with winter travel (long waits when transferring); ▪ Have to book in advance for Paratransit, but can't book earlier than 3 days in advance; resulting in difficulty accessing the office by phone when call volumes are high; and ▪ Access to public transit is important to seniors – don't like to have to rely on friends and neighbours for transportation and taxis can be expensive - support for “Freedom Pass.”</td>
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<td>Quality of Life for Seniors (including social, recreation and leisure opportunities)</td>
<td>▪ Importance of access to social, fitness and leisure programs in own neighbourhoods; ▪ Sharing skills, knowledge and experience (i.e., through volunteering); ▪ Respect for seniors and their ability to contribute to society is important; and ▪ Family stress may be an issue for some seniors facing health, financial, or cultural issues.</td>
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Seniors in the focus group sessions indicated that, although discussion has its merits, seniors want ACTION!
SPEAKING TO SERVICE PROVIDERS

On June 22, 2005, the City of London, Department of Community Services and the Seniors’ Community Association hosted the community consultation session, “Supporting London’s Seniors.” Over 85 representatives from organizations serving seniors across the city attended the session, which provided participants with an opportunity to share in the results of the focus group sessions along with other local research and issues impacting seniors identified through a review of the literature. Participants then engaged in dialogue on community priorities and discussed local areas for action to support London’s seniors population.

Appendix D outlines further details regarding this session.

Setting Priorities

The City of London Social Research and Planning team conducted a review of research, policy, and media reports related to seniors. These materials are available in the seniors’ planning Resource Binder (see page 5 for further details on accessing this resource).

The review of local issues, literature on seniors, and the results of the focus group sessions with London seniors led to the identification of the following themes related to seniors:

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<th>Theme</th>
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<tr>
<td>Transportation</td>
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<td>Fraud, Crime and Abuse</td>
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<td>Access to Information</td>
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<td>Housing, Home Care and Long-term Care</td>
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<td>Employment and Volunteering</td>
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<td>Recreation and Leisure Opportunities</td>
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<td>Isolation</td>
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<tr>
<td>Income Supports and Cost of Living</td>
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<td>Health and Mental Health Supports</td>
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These themes formed the basis of discussion for the community planning session.

Participants at the consultation session were given the opportunity to identify any additional issues not represented in the themes, add new themes and modify existing themes upon group consensus.

Participants were then invited to vote for five priority issues.
Participants noted the need to recognize and address the remaining four themes that fell outside of the top five identified priorities for action as key issues impacting seniors. These included:

- Fraud, Crime and Abuse;
- Housing, Home Care and Long-term Care;
- Employment and Volunteering; and
- Income Supports and Cost of Living.

However, it was agreed that prioritizing the issues allows for focused community action that is necessary to create positive change for London seniors.

**AREAS FOR ACTION**

An overview of areas for action under each of the top five priorities has been provided below. Common to each of the priority areas for action was the identification by participants of a need for greater inter-agency collaboration and information-sharing. For ease of planning and implementation, identified areas for action that support greater community collaboration have been grouped together in an additional “Priority Area” category, entitled “Working Better Together.”

Areas for community action in the priority areas are based on the ideas generated by participants at the June 22, 2005 consultation session. For each of the priority areas, participants identified key issues for action, recommendations for next steps, and key stakeholders who need to be involved to ensure successful community-driven action. As such, the recommendations contained within each of the areas for action serve as guideposts for local agencies, community organizations and individuals in the development of further strategies, programs and services supporting London seniors.
<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Specific Areas for Action</th>
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</table>
| **Working Better Together**        |  ▪ Expand Existing Networks that Support Seniors  
  ▪ Address Gaps in Existing Programs and Barriers Impeding Participation |
| **Health and Mental Health**       |  ▪ Support Independent Living in the Home  
  ▪ Advise Local Health Integration Networks (LHINs) to Address Seniors' Needs  
  ▪ Link Better with Family Physicians and Health Care Professionals  
  ▪ Ensure Health and Mental Health Supports to Seniors are Accessible, Respectful and Inclusive  
  ▪ Develop More Proactive Transition Planning |
| **Access to Information**          |  ▪ Develop a Comprehensive Inventory of Seniors’ Service Providers  
  ▪ Develop a Strategy for City-Wide Marketing and Communication of Seniors’ Services |
| **Isolation**                      |  ▪ Develop Outreach Strategies to Connect Isolated Seniors to the Community  
  ▪ Develop an Isolation Prevention Strategy Through Public Education |
| **Recreation and Leisure Opportunities** |  ▪ Ensure Recreation and Leisure Programs and Inclusive and Recognize Diversity  
  ▪ Design Recreation and Leisure Programs that are Senior-Centred and Offer Seniors’ Choices  
  ▪ Provide Proactive Recreation and Leisure Programming to Maintain and Improve Seniors’ Mobility |
| **Transportation**                 |  ▪ Address Existing Barriers to Accessing Public Transportation  
  ▪ Develop Safety and Crime Prevention Strategies for Seniors  
  ▪ Increase Seniors’ Awareness of Existing Transportation Supports and Ensure their Availability in Diverse Languages |

This information has been provided over the next several pages in the form of “Community Response Worksheets” designed to better facilitate targeted community action. These worksheets are intended to be used by community workgroups formed to respond to each priority area.

Please see Appendix A for “Getting Started: A Tip Sheet for Community Action Workgroups.”
Working Better Together
Improving inter-agency communication and collaboration
Streamlining efforts and avoiding duplication

Key Areas for Action
- Expand Existing Networks that Support Seniors
- Address Gaps in Existing Programs and Barriers Impeding Participation

Who needs to be involved?
All community agencies, funders and individuals supporting seniors, including:
- Seniors’ Community Association
- Council for London Seniors
- Canadian Association of Retired People
- Geriatric and mental health services
- Project SENIOR
- Community and neighbourhood resource centres
- Network for Inclusive Communities
- Seniors’ advocates
- Neighbourhood-based organizations and individuals
- City of London
- London Interagency Nutrition Council
- Private sector agencies
- PILLAR
- London and District Distress Centre
- Meals on Wheels and other front-line agencies
- The medical community
- Seniors of all ages
**Working Better Together – Community Response Worksheet**

### AREA FOR ACTION: EXPAND EXISTING NETWORKS THAT SUPPORT SENIORS

- Networks like the Seniors’ Community Association should be expanded. This type of collaboration will help improve ongoing communication and information sharing, provide opportunities for volunteering and aid referral, advocacy and fund raising efforts.
- Action – Host forum for organizations/groups to learn about services.
- **Who needs to be involved:** Existing networks like Project SENIOR and the Seniors’ Community Association, private sector agencies, PILLAR, London and District Distress Centre, seniors of all ages, Meals on Wheels and other front-line agencies, the medical community, Network for Inclusive Communities, community and neighbourhood resource centres and other participants in ‘Supporting London’s Seniors’ community consultation.

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<tr>
<th>ACTION STEP(S)</th>
<th>WHO NEEDS TO BE INVOLVED</th>
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<th>RESOURCES REQUIRED TO MAKE IT HAPPEN</th>
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Examples of barriers include: financial, mobility, transportation, cultural, health and mental health. Agencies must ensure that they are welcoming and inclusive to all seniors, and that older adults and seniors drive programming.

Language and other newcomer support programs must continue longer. Volunteer and caregiver support programs are emerging as a need and may help reduce barriers to seniors’ accessing services. More models like Cherryhill should be built through community development. Linkages must be sought between geriatric and mental health services. How can seniors organizations, such as the Canadian Association of Retired People and local activist groups work better together?

Who needs to be involved: resource centres, neighbourhood-based organizations and individuals, City of London, London Interagency Nutrition Council, seniors’ service agencies.

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Health and Mental Health
Ensuring responsive services
Promoting mobility

Key Areas for Action
- Support Independent Living in the Home
- Advise Local Health Integration Networks (LHINs) to Address Seniors’ Needs
- Link Better with Family Physicians and Health Care Professionals
- Ensure Supports to Seniors are Accessible, Respectful and Inclusive
- Develop More Proactive Transition Planning

Who needs to be involved?
- Community Care Access Centres
- Resource centres
- London Cross-cultural Learner’s Centre
- Paramed Home
- The Victoria Order of Nurses
- Comcare
- St. Joseph’s Specialized Geriatric Services
- London Health Sciences Centre
- London Mental Health Association
- Board of Health
- St. Elizabeth Health Care
- Canadian Association of Retired People
- Senior Home Care by Angels
- Long-term Care facilities
- The City of London
- London and Middlesex Housing
- London Transit Commission
- Board of Health
- Middlesex London Health Unit Crisis team
Health and Mental Health – Community Response Worksheet

**AREA FOR ACTION: SUPPORT INDEPENDENT LIVING IN THE HOME**

- More in-home supports are required. Ministry of Health and Long-Term Care funding is key.
- The focus of Community Care Access Centres seems to be shifting – the priority seems to be supporting seniors who are physically in need.

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Supporting London’s Seniors Community Action Plan – 2005
Health and Mental Health – Community Response Worksheet

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**AREA FOR ACTION: ADVISE LOCAL HEALTH INTEGRATION NETWORKS (LHINS) TO ADDRESS SENIORS’ NEEDS**

- LHINs provide an opportunity to influence decision making, advocate for clients and engage the community in support of seniors. Representatives from agencies serving seniors should work together to develop a position paper to advise LHINs. The City should also take on a leadership role.
### Health and Mental Health – Community Response Worksheet

**AREA FOR ACTION: LINK BETTER WITH FAMILY PHYSICIANS AND HEALTH CARE PROFESSIONALS**

- Family physicians are the first link in the health care system and can support seniors’ needs for access to trusted information. Must look at seniors’ unique needs rather than trying to fit them into existing systems.
- Physicians and other health care providers (i.e., nurse practitioners) also need support (i.e., training to recognize positive contributions of seniors and diverse cultural attitudes and beliefs, etc.). Need to build trusted relationships with seniors.
- Opportunities for intergenerational programs should be developed within the health and mental health education system to promote greater awareness of seniors’ issues by younger generations of health care professionals. Information identifying benefits and opportunities of doing so should be disseminated to educational institutions, policy makers, etc. (i.e., CCAC information sessions).

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### Health and Mental Health – Community Response Worksheet

#### AREA FOR ACTION: ENSURE HEALTH AND MENTAL HEALTH SUPPORTS TO SENIORS ARE ACCESSIBLE, RESPECTFUL AND INCLUSIVE

- Supports to seniors must be accessible and inclusive regardless of ethnocultural heritage or ability. Newcomer seniors require unique supports (i.e., language supports, cultural sensitivity), as do seniors who experience mobility issues (i.e., prevention, physical activity and nutrition).
- Respect is key to building trust with seniors, particularly those requiring mental health supports. Communications with seniors should avoid patronizing or stigmatizing them. The community needs to speak out against such treatment and bring it to the attention of the London Mental Health Alliance. A focus needs to be placed on what we can learn from seniors.

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### Health and Mental Health – Community Response Worksheet

**AREA FOR ACTION: DEVELOP MORE PROACTIVE TRANSITION PLANNING**

- Transition planning for seniors needs to start earlier. A “wrap-around” approach for seniors is needed and should include seniors and their family members.
- Educational opportunities, development of a database and supports for addictions and mental health issues are also key.

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Supporting London’s Seniors Community Action Plan – 2005

Access to Information
Access to trusted information regarding services and issues of importance

Key Areas for Action
- Develop a Comprehensive Inventory of Seniors’ Service Providers
- Develop a Strategy for City-Wide Marketing and Communication of Seniors’ Services

Who needs to be involved?
- Libraries
- Cherryhill model
- Resource centres
- Community centres
- Multidisciplinary Action Team (MAT)
- Working group on this issue
- Project SENIOR
- Seniors’ Community Association
- Community resource centres
- Network for Inclusive Communities
- Local/regional/provincial information resources
- Strategy group
- Information specialists
- Libraries
- CCAC
- The Healthline
- Government information centres
- Seniors’ helpline
- Council for London Seniors
- PILLAR
# Access to Information - Community Response Worksheet

**AREA FOR ACTION: DEVELOP A COMPREHENSIVE INVENTORY OF SENIORS' SERVICE PROVIDERS**

- Develop clear, concise service descriptions for service providers.
- Identify models of information dissemination (i.e., portals) and best practices strategy work.
- *Who needs to be involved:* libraries, Cherryhill model, information specialists, local/regional/provincial information resources and funders, seniors/advocates, resource centres, community centres, Multidisciplinary Action Team (MAT), working group on this issue.

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## AREA FOR ACTION: DEVELOP A STRATEGY FOR CITY-WIDE MARKETING AND COMMUNICATION OF SENIORS’ SERVICES

- Such a system must meet diverse needs of seniors. Issues include: literacy, language diversity and understanding/interpretation. Communications need to be clear and succinct.
- Challenges exist for some seniors when using on-line systems of communication. Need one access point with live person in response to seniors’ preferences (i.e., versus automated systems).
- Host a seniors’ festival as a communication strategy. Also opportunity for marketing and communication of seniors’ services.
- Develop symbol identifying locations offering seniors’ information (similar to information “?” symbol).
- Who needs to be involved: strategy group, information specialists, libraries, CCAC/the Healthline, government information centres, seniors’ helpline, Council for London Seniors, PILLAR.

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Isolation
Formal and informal networks and supports

Key Issues for Action
- Develop Outreach Strategies to Connect Isolated Seniors to the Community
- Develop an Isolation Prevention Strategy through Public Education

Who needs to be involved?
- London Transit Commission
- Private and public sector funders
- Places of worship
- Family physicians
- Neighbourhood Watch
- Community Care Access Centre
- London and District Distress Centre
- Hospitals
- London Police
- London Public Library
- Resource centres
- City of London
- London Interagency Nutrition Council
- Project SENIOR
- Seniors’ Community Association
- Private sector agencies
- PILLAR
- London and District Distress Centre
- Meals on Wheels and other front-line agencies
- The medical community
- Other seniors service agencies
- Seniors of all ages
Isolation - Community Response Worksheet

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**AREA FOR ACTION:** DEVELOP OUTREACH STRATEGIES TO CONNECT ISOLATED SENIORS TO THE COMMUNITY

- Outreach of existing programs is required for a) organizations and b) individuals. For example, workers could come into seniors’ homes and support them with activities that connect them to the community (i.e., going through the process of catching and boarding a bus, calling Paratransit, etc).
- A paradigm shift is required. Rather than expecting seniors to come to service agencies, need to find isolated seniors by identifying existing access points.
- Who needs to be involved: family physicians, Neighbourhood Watch, CCAC, London and District Distress Centre, Meals on Wheels, Hospitals, London Public Library, older adults and seniors, London Transit Commission, private and public sector funders, places of worship.
### Isolation - Community Response Worksheet

**Area for Action:** Develop an Isolation Prevention Strategy through Public Education

- Public education must address how to prevent and recognize isolation, “predictable is preventable.” Information should be culturally sensitive.
- **Who needs to be involved:** hospitals, seniors’ services agencies, neighbourhood based organizations and individuals, funders, police, and seniors of all ages.

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### Key Issues for Action

- Ensuring Recreation and Leisure Programs are Inclusive and Recognize Diversity
- Design Recreation and Leisure Programs that are Senior-Centred and Offer Seniors' Choice
- Provide Proactive Recreation and Leisure Programming to Maintain and Improve Seniors' Mobility

### Who needs to be involved?

- Volunteers
- Provincial government - education, culture and volunteerism
- Council for London Seniors
- City of London
- Centre for Activity and Ageing
- Educational institutions (schools)
- Allied health professionals
- Agencies who operate Boards
- Seniors of all ages, frail seniors
- Youth and youth agencies
- Seniors Advisory Committee
- Ethnic clubs
- Legions
- Churches
- Malls
- Doctors, pharmacists and other health professionals
- Community Care Access Centre
- Food banks and other meal programs


Recreation and Leisure Opportunities - Community Response Worksheet

<table>
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<tr>
<th>AREA FOR ACTION: ENSURE RECREATION AND LEISURE PROGRAMS ARE INCLUSIVE AND RECOGNIZE DIVERSITY</th>
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<tr>
<td>▪ Ensure agencies connect with and address the interests and needs of senior newcomers by offering ethno-culturally sensitive activities that may help reach seniors from diverse ethnic communities. Connect with agencies that operate Boards regarding a Board mentorship program to ensure such strategies are put in place.</td>
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<td>▪ Communication is necessary amongst all seniors’ service providers to increase awareness of activities and services available for seniors in their neighbourhoods. Collect the stories seniors have to share.</td>
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<td>▪ Look to existing programs and anticipated opportunities through Active 2010 initiative to ensure inclusive, welcoming recreation and leisure opportunities for seniors.</td>
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## Recreation and Leisure Opportunities - Community Response Worksheet

### AREA FOR ACTION: DESIGN RECREATION AND LEISURE PROGRAMS THAT ARE SENIOR-CENTRED AND OFFER SENIORS’ CHOICE

- Programs need to be based on input from seniors and must cover a wide range of recreational and wellness interests and abilities. Daytime, community space for seniors’ programming is needed (i.e., malls, places of worship, schools). Examine how programs are described to ensure inclusion (i.e., is the language used clear? Welcoming? Available in diverse languages?) and define them not by age but by ability.

- Offer choices – seniors may want to participate with peers only; others may be interested in intergenerational activities. For example, programs can be created specifically for baby boomers to maximize opportunities for them to share their skills, experience and knowledge with the community. Intergenerational programs may also help provide seniors opportunities to learn (i.e., computer skills) while at the same time give back to the community and meet volunteer requirements for students. Such opportunities must also exist for frail seniors, who may require drop in activities at first which progress to more structured programs, once they gain strength/confidence.

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Recreation and Leisure Opportunities - Community Response Worksheet

**AREA FOR ACTION:** PROVIDE PROACTIVE RECREATION AND LEISURE PROGRAMMING TO MAINTAIN AND IMPROVE SENIORS' MOBILITY

- Opportunities for therapeutic recreation must be provided in the community.
- *Who needs to be involved:* provincial government, education, culture and volunteer sectors.

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**Transportation**
Access to public transportation and alternatives
Independence
Mobility

### Key Issues for Action
- Address Existing Barriers to Accessing Public Transportation
- Develop Safety and Crime Prevention Strategies for Seniors
- Increase Seniors’ Awareness of Existing transportation Supports and Ensure their Availability in Diverse Languages

### Who needs to be involved?
- London Transit Commission
- London Police
- Volunteers
- Advocates
- Translation Services
- City of London
- Community and neighbourhood resource centres
- Members of the community
- Seniors of all ages and abilities
**Transportation - Community Response Worksheet**

**AREA FOR ACTION: ADDRESS EXISTING BARRIERS TO ACCESSING PUBLIC TRANSPORTATION**

- These include: unsafe/inaccessible transfer points, waiting times, length of time needed to get to locations, bus stops that are not near facilities, and sidewalks in poor repair, particularly for seniors with mobility issues.
- Attitudes of other passengers and drivers (i.e., impatience, lack of understanding of seniors’ need for more time, restrictions due to mobility issues, etc.) can also impede seniors’ use of public transit. Cost can be a barrier, particularly seniors who are living with low-income, even with existing seniors’ discounts (25% of adult fare).
- **Who needs to be involved:** agencies serving seniors including the Council for London Seniors, London Transit Commission, City of London, Department of Community Services, other funders.

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Supporting London’s Seniors Community Action Plan – 2005
**Transportation - Community Response Worksheet**

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**AREA FOR ACTION: DEVELOP SAFETY AND CRIME PREVENTION STRATEGIES FOR SENIORS**

- Through community development initiatives, neighbours and London Transit can work together to ensure the safety of seniors. Need also to address alternate modes of transport (i.e., park paths, walkways, etc.) and look at strategies to ensure crime prevention through environmental design.
- **Who needs to be involved:** advocates, community members, community/neighbourhood resource centres, seniors, City of London, police, Crime Prevention Safety Program, London Transit Commission.
**Transportation - Community Response Worksheet**

**AREA FOR ACTION: INCREASE SENIORS’ AWARENESS OF EXISTING TRANSPORTATION SUPPORTS AND ENSURE THEIR AVAILABILITY IN DIVERSE LANGUAGES**

- “Get on Board” is an example of an existing resource that supports seniors’ safe, enjoyable access to public transportation. London Transit Commission can provide a two-hour training session including safety tips for seniors to ensure their safe travel. This service needs to be advertised more broadly in the community and translated into diverse languages to reach diverse range of ethno-cultural seniors.

- **Who needs to be involved**: funders to cover translation costs, network of agencies supporting seniors to improve communication, raise awareness of this resource.

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CONCLUSION

The Community Action Plan is intended to serve as a tool for community planning and collaboration.

- It identifies community-driven priority areas for action, recommended next steps, and key stakeholders who need to be involved in each of the priority areas to support successful community action.

- It provides this information in the form of “Community Response Worksheets,” designed to better facilitate targeted community action in the priority areas.

- It offers a comprehensive sampling of resources including local research, and includes a contact list of planning day participants to facilitate continued community dialogue and action around such issues.

As such, the Action Plan provides concrete tools designed to support collaborative community action to address identified priorities for seniors. Additionally, it serves as a guidepost for local agencies, community organizations and individuals in the development of further strategies, programs and services supporting London seniors.

NEXT STEPS

The formation of Community Action Workgroups to lead collaborative community action in each of the priority areas has been identified as instrumental to the successful implementation of the Community Action Plan. The Community Response Worksheets included in this Action Plan have been designed to facilitate the work of these groups.

Resources

- A “Tip Sheet” outlining key steps to get started has been provided in Appendix A.

- A contact list of key stakeholders who participated in the 2005 community consultation “Supporting London’s Seniors” is provided in Appendix B to better facilitate continued community collaboration around the priority issues.

Planning day participants agreed that improved coordination and networking between agencies and sectors, a recognition of diversity and commitment to inclusion, and continued community dialogue are key to the development of strategies to support London’s seniors. Regular monitoring, updating and evaluation of community progress are also essential to ensuring the success of such initiatives. As such, the Community Action Plan will require continued community dialogue, collaboration, innovative partnerships and, most importantly, the involvement of seniors and older adults to implement, monitor, and revisit the way we support London’s seniors.

The Seniors’ Community Association was identified at the day as a key stakeholder group that can play a leadership role in developing responses to the areas for action. Participants at the session were invited to join the Seniors’ Community Association to expand its network of agencies serving seniors so as to facilitate to formation of community action workgroups around the priority areas and continued community planning to support London’s seniors. For more information about the Seniors’ Community Association, please contact the Council for London Seniors at 433-0265.
GETTING STARTED...
A TIP SHEET FOR COMMUNITY ACTION WORKGROUPS

Key Action Steps

- **Form group:**
  - **Key stakeholders** for the priority area identified in the Action Step worksheets should be included.
  - **Other partners** may need to be involved who were not identified in the Action Plan. Make sure they are included as well.
  - Create a contact list with names, phone numbers and e-mail addresses. Use Appendix B along with other resources (i.e., the yellow pages, community service directories like the [www.thehealthline.ca](http://www.thehealthline.ca)) to get this information.

- **Decide how often and where to meet:**
  - One person should be identified as Chair to lead the group.
  - You may wish to rotate meeting locations share the use of facility space equally.

- **Use the “Community Response Worksheets” provided in the Action Plan to focus action:**
  - Decide **specific action step(s)** needed to meet each goal.

- **Decide what resources** (i.e., people, facilities, equipment, financial) are required to complete each action step.

- **Decide when** each action step should be accomplished to be most effective.

- **Identify any key factors** that must occur (i.e., involve seniors in planning process, etc.) in order to make each action step successful.

- **Visit** [www.london.ca/launchpad](http://www.london.ca/launchpad) for further tools and information on things like how to organize meetings and conduct needs assessments.
Getting Started...Some Tips for Working Together

Have We Considered...

☐ Prevention and early intervention strategies to proactively address the needs of seniors?

☐ Specific strategies that can be used to involve seniors in planning?

☐ Other partners that need to be involved?

☐ How the quality of current services can be enhanced?

☐ Training, tools or supports that service providers may require?

☐ How the strategy will be monitored/ evaluated?

☐ How to ensure that programs, services and strategies are inclusive/ sensitive to the unique needs of seniors from all backgrounds and experiences?

☐ What steps can be taken to enhance collaboration/ coordination with other stakeholders?

☐ How we can work better with what we have?
# SENIORS PLANNING DAY
## JUNE 22, 2005
### PARTICIPANT CONTACT LIST

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<tr>
<th>Name</th>
<th>Organization</th>
<th>E-mail Address</th>
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<td>Kirsten McKinnon</td>
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<td>Paul D'Hollander</td>
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<tr>
<td>Steve Giustizia</td>
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<tr>
<td>Brian Young</td>
<td>Committee on Abuse and Neglect of the Elderly Inc.</td>
<td><a href="mailto:byoung@police.london.ca">byoung@police.london.ca</a></td>
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<tr>
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<td>Community Care Access Centre of London and Middlesex</td>
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<tr>
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FOCUS GROUP SESSIONS – METHODOLOGY AND RESULTS

Six discussion group sessions were held with London seniors in mid-May. A seventh focus group session, along with a brief survey of participants, was conducted in early June at Parkwood Hospital to ensure the perspective of seniors with mobility issues that may have prevented their attendance of focus group sessions in the community was also represented. A total of 53 seniors from locations throughout the city attended the sessions. The purpose of these sessions was to give seniors in the community an opportunity to talk about issues of importance to them and for us to learn more about how these issues impact their quality of life.

The focus group sessions were held in the following community resource centres throughout the city, designed to ensure community-wide representation:

- Northwest London Resource Centre;
- Crouch Neighbourhood Resource Centre;
- Glen Cairn Community Resource Centre;
- South London Neighbourhood Resource Centre;
- the Boys’ and Girls’ Club;
- the Cherryhill Healthy Ageing Program, Cherryhill Mall; and
- Parkwood Hospital

Posters were placed at locations throughout the city frequented by seniors (i.e., malls, grocery stores, community centres, etc.) to invite seniors to take part in the focus group sessions (see Appendix A). The discussion groups were advertised through the London Free Press in the Living in the City notices. Existing seniors’ networks in the community were leveraged to increase seniors’ awareness of the focus group sessions. A telephone ‘hotline’ was also set up for seniors who could not or did not wish to participate in the sessions so that they had an opportunity to provide their input by telephone.

Focus Group Session Results

KEY HIGHLIGHTS

Issues Identified

Following, in alphabetical order, is a cumulative list of issues of importance to seniors as identified by seniors who participated in the focus group sessions:

- Fraud / Crime Prevention
- Health and Health Care Services
- Income/Employment
- Information/Education
- Keeping Seniors Connected to the Community
- Keeping Seniors in their Homes Longer
- Public Transportation
- Quality of Life for Seniors (including social, recreation and leisure opportunities)
- Special Populations
- What is a Senior? Different Ages and Stages
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<th>Issues/Themes</th>
<th>Sub-themes</th>
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<td>Fraud / Crime Prevention</td>
<td>Prevention – how to keep seniors informed?</td>
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| Health and Health Care Services                   | • Impact of cuts to vision, physiotherapy, and chiropractic care and of doctor shortages;  
• Important to have access to detailed health information, be able to ask questions of health care professionals (medical appointments can be rushed, intimidating to some seniors); and  
• Continuity of care.  |
| Income/Employment                                 | • Cost of services to keep seniors in their homes longer are a challenge for seniors on pensions and fixed incomes; and  
• Ageism can be a barrier to employment  |
| Information/ Education                            | • Communication – sharing knowledge and information with peers (i.e., how to stay healthy, access services, social opportunities);  
• Barriers to accessing information may include hearing and vision issues; also, not all seniors can access or are comfortable with computers/the Internet;  
• Need for greater coordination of information on services available to seniors and how to access these services; and  
• Access to ongoing educational opportunities.  |
| Keeping Seniors Connected to the Community        | • Importance of family/social connections – networks help prevent isolation and help ensure safety and quality of life of seniors (i.e., advocate for seniors who are afraid to/too proud to speak up; keeping senior couples together in nursing homes, LTC facilities, etc.).  |
| Keeping Seniors in their Homes Longer             | • Costs and quality of services (senior-centred, accountable) in nursing homes, long-term care facilities and home care (particularly for low income seniors); and  
• Keeping seniors healthy and in their homes longer (services required/available to do so, i.e., groceries/meal preparation, housework, yard work, snow shoveling, transportation, etc.).  |
| Public Transportation                             | • Ease of access – entry/exit of buses can be challenging without lowered stairs; in some neighbourhoods, have to walk long distances to access bus route;  
• Issues with winter travel (long waits when transferring);  
• Have to book in advance for Paratransit, but can’t book earlier than 3 days in advance; resulting in difficulty accessing the office by phone when call volumes are high; and  
• Access to public transit is important to seniors – don’t like to have to rely on friends and neighbours for transportation and taxis can be expensive - support for “Freedom Pass.”  |
| Quality of Life for Seniors (including social, recreation and leisure opportunities) | • Importance of access to social, fitness and leisure programs in own neighbourhoods;  
• Sharing skills, knowledge and experience (i.e., through volunteering);  
• Respect for seniors and their ability to contribute to society is important; and  
• Family stress may be an issue for some seniors facing health, financial, or cultural issues.  |
Supporting London’s Seniors Community Action Plan – 2005 DRAFT

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<td>Special Populations</td>
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<td>§ Low-income seniors; and</td>
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<td>§ Isolated seniors.</td>
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<td>What is a Senior? Different Ages and Stages</td>
<td>§ Different ages and stages (age versus ability) require different opportunities and supports;</td>
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<td></td>
<td>§ Transitions: preparing younger seniors for changes and challenges associated with aging; and</td>
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<td>§ Challenging stereotypes/myths regarding seniors; seniors are active, knowledgeable, experienced, contributing members of the community.</td>
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A Closer Look at the Themes...

Following are excerpts from the focus group discussions that further expand on the identified themes. Seniors were assured that their comments would be shared with local service providers to help raise awareness of gaps in service and issues of importance to seniors. Seniors in the focus group sessions indicated that, although discussion has its merits, seniors want ACTION!

Fraud / Crime

Not all seniors are aware of how to identify and protect themselves from being potential victims of fraud (i.e., telephone scams) or other crimes. Seniors need access to information and training, with support from the police, in order to become aware and able to better protect themselves. Some kind of senior alert system (i.e., through the radio, public television, local papers, buddy system) would be helpful.

Health and Health Care Services

Continuous care is important to seniors. Seniors need time to talk about multiple issues, ask questions and absorb information. Seniors need input from professionals who have time to talk/answer questions about a healthy lifestyle, food, exercise, medications, etc. Long-wait times (i.e., at emergency) were noted as particularly difficult for seniors. The doctor shortage, compounded by the retirement of many doctors, and recent cuts to some health care services formerly covered under OHIP (i.e., chiropractic, physiotherapy, hearing aids and vision care) negatively impact seniors. The cost associated with having a death certificate signed was also identified as an issue. Senior-friendly payment plans are required for such services. It was noted that it is difficult for seniors to replace expired Health Cards because the location to do so is not very accessible.

Exercise opportunities should be geared to seniors (i.e., programs should monitor heart rate, blood pressure, weight of participants). Recreation and leisure programs should include opportunities for light exercise (i.e., table tennis, dancing) and should include seniors with mobility issues and health issues such as diabetes. Programs should come to seniors – in their neighbourhoods, not vice versa. It was noted that transportation can be an issue for seniors, particularly in the winter. Private fitness/recreation/leisure clubs can be unaffordable for seniors – even some community-oriented clubs can be costly.
Income/Employment

Cost of living was identified as an issue for seniors, particularly low-income seniors, seniors living alone and those on fixed incomes. As noted above, rising property assessments, taxes, the cost of and reliance on home care services and cuts to previously funded health care services negatively impact seniors. Some seniors who rely on income support may be afraid, unwilling or unable (particularly those experiencing language or communication barriers) to speak up if they experience issues with agencies providing these supports. In these cases, advocacy is required.

Ageism was identified as a barrier to some seniors’ finding employment. Seniors should be able to work or volunteer if they wish – they have much to contribute. Employers must look at ability, not age. Some seniors who have immigrated are separated from family members/supports. This separation can be emotionally and financially difficult and can impact the health, well being and quality of life of these seniors. Language and cultural barriers can be further challenges to identifying employment and volunteer opportunities for these seniors.

Information/Education

It is difficult for seniors to identify what services are available to them in the community and where they are located. Also, information may not be available in diverse languages. It was suggested that a comprehensive information package outlining seniors’ services could be delivered to seniors when they turn 65. A need for coordinated access to information was identified. Not all seniors are comfortable with or have access to computers. Centralized points of access for seniors’ information (i.e., at public libraries, community centres) would help seniors identify local services available to them. Community papers are a good way to reach some seniors, particularly those who don’t speak English, however, for seniors living in apartment buildings or who are less mobile, such newspapers may not reach them. Automated information services such as phone-trees were not well-liked.

Seniors want access to ongoing opportunities for education. For example, sessions with guest speakers such as pharmacists, doctors, nutritionists and police officers would be beneficial to many seniors to keep them connected to current information that impacts them related to health (i.e., drug interactions, diabetes, high blood pressure, diet, correct use of walkers) and safety (preventing fraud, home invasion, etc.). Adult education programs are also of interest to seniors (i.e., What part do computers play in today’s world? How can I access services in the community?). Also of interest are programs related to fitness, crafts, etc. Small, frequent sessions rather than larger, all-encompassing ones would help to avoid “information overload.”

Seniors also learn from each other – peer information exchanges are a valuable way for seniors to pass on information, shared experiences, ideas and suggestions. Many have a wealth of information to share.

Keeping Seniors Connected to the Community

Seniors who are isolated and/or live alone would benefit from some sort of a buddy system. Cherryhill community offers successful examples of such programs. These types of systems require a high level of trust. Some seniors may not wish to give up privacy/independence required to be part of such a system. Networks (formal and informal) are also a good way to keep seniors in the loop re access to information. It was noted that intergenerational activities (i.e., matching seniors with youth) may work for some seniors but not always for others.
Keeping Seniors in their Homes Longer

Basic, essential services that seniors may need in order to stay in their homes longer include yard work/snow shoveling, grocery shopping, laundry, housework, meal preparation and personal care. However, not all seniors can afford to pay for these services. For those who can afford to do so, several issues were identified with the quality of such services, including the fact that caregivers often appear rushed and do not have enough time to adequately provide services, particularly personal care (i.e., due to reduced funding or insufficient staff). Seniors sometimes have several different caregivers providing services to them, resulting in a lack of continuity of care, which some seniors describe as “embarrassing” and a barrier to trust. Trust is important when relying on others to provide such services. Seniors often rely on word-of-mouth referrals.

Affordability of housing can be an issue for seniors, particularly low-income seniors. Many seniors live on fixed incomes, while their property assessment has gone up over time. Increased taxes, increased cost for (and reliance on services) to keep them in their homes are challenges for many seniors. Wait lists for affordable housing in London are long and long-term care facilities and nursing homes can be unaffordable, especially for low-income seniors. Additionally, the comfort allowance granted to seniors in such facilities is not enough to cover the costs of additional services, such as hair dressing, foot care, phone and television services, etc. Privacy and the ability to remain living with one's spouse were identified as important qualities in nursing homes/long term care facilities.

Public Transportation

Many seniors rely on public transportation to access services, particularly if they are no longer able to own/operate their own vehicle and/or experience mobility issues. They also rely on it to retain their independence, rather than having to rely on friends and neighbours for transportation. Location, weather conditions, cost and ease of access are issues seniors face when using public transit. Accessing public transit is challenging in the winter, especially if transfer wait times are long. Sometimes many transfers are needed to get to a desired location. Other seniors report having to walk long distances to access bus routes in their neighbourhoods.

Physical barriers include poor roadside/curbside footing at when entering/exiting buses and crowded buses during rush hour. It is helpful when bus drivers lower stairs to accommodate seniors’ exit/entry. Exiting through the back doors of the bus may be difficult for seniors with mobility issues or disabilities. Language is a barrier to accessing public transit in terms of where/when to exit. Verbal and/or visual cues may help these seniors to identify major/key stops.

Seniors need more time for errands and appointments (i.e., due to wait times, mobility issues). In this sense, longer transfer times are helpful. Support for a “freedom pass” granting free access to public transit for seniors during non-peak times, weekends and holidays was mentioned in all focus group sessions as way to increase access to public transit for seniors, particularly low-income seniors, single women seniors and those on fixed income. Issues with Paratransit included the need to book in advance and within a specific time frame (i.e. 3 days), which is not practical in case of emergency and leads to difficulty accessing the office during high call volumes, and the cost associated with this service. These issues were of particular concern to seniors with mobility issues.

Quality of Life for Seniors (including social, recreation and leisure opportunities)

A positive personal and social environment is important to seniors. Seniors need programs and facilities to feel welcoming, respectful and inclusive. They need to be able to accommodate language (i.e., translation) needs along with other senior-specific requirements (i.e., related to hearing, vision or mobility). Seniors need
opportunities for social, recreation and leisure activities that are **affordable and easy to access** (i.e., in own neighbourhood). Seniors with mobility issues and frail seniors in particular require **accessible facility design features** such as automatic door openers, and **basic services** such as ensuring sidewalks and pathways cleared of snow and that designated parking is available for seniors with disabilities. The latter may require education/enforcement policies by facilities. Programming needs to be consistent – some seniors get discouraged when programs/events get cancelled or when venues or staff change. Laughter is important.

**Family stress** may be an issue for some seniors, particularly those experiencing cultural or language issues that impact traditional family roles (i.e., children or grandchildren speaking for parents/grandparents) or those with multiple stressors such as caregiving, health or financial issues. Respect for seniors and their ability to contribute to society is important. Seniors need opportunities to share their skills, knowledge and experience (i.e., through volunteering or employment).

### Special Populations

**Isolated seniors** may not have family or other social connections and may experience language, cultural and mobility barriers. **Low-income seniors** face challenges in accessing services that are important to their quality of life and may be intimidated to voice concerns to agencies upon which they rely for income support. The needs of these seniors must be identified as they are not always heard or able to speak for themselves. Is there a role for public health nurses in keeping isolated seniors healthy and connected to the community?

### What is a Senior? Different Ages and Stages

The word “senior” is broad in terms of its perception. It is important to recognize the **different interests and service needs of different “ages and stages”** of seniors. Seniors don’t like to be labeled. This can be damaging to one’s self-esteem and result in a loss of contribution by seniors to society. It was noted that some seniors do not like the word “elderly” and its connotations. Need to **challenge stereotypes and myths** associated with seniors to highlight the positive aspects of getting older. Seniors have a lot of knowledge, wisdom and experience to share. “Age is a state of mind.” Mixed feelings were reported by some seniors who also enjoy benefits associated with the term, most notably, “seniors” discounts.

The **transition** from young senior to older senior, particularly when it involves a shift from living in one’s own home to living in a facility (i.e., long-term care) is difficult for many seniors. **Many feel loss of privacy, independence, routine, mobility, health, hobbies, and social networks** and sometimes loss of one’s spouse if his or her care needs are different. It is important for seniors to feel useful and like contributing members of society, rather than feeling a sense of loss with such transitions.
SUPPORTING LONDON SENIORS’ PLANNING SESSION - METHODOLOGY

The following components served to form the general structure of the community consultation:
1) Taking a look at London’s Seniors – presentation of issues identified through local research and literature review;
2) Setting Priorities - exercise;
3) Identifying Actions and Key Stakeholders – Discussion Groups; and
4) Where do We Go from Here? Sharing the Results

Further details regarding each component and the corresponding results generated are outlined below.

I. Taking A Look at London’s Seniors - presentation

Key issues identified through local research, including a series of seniors focus groups sessions, along with local research conducted by the Council for London Seniors’ multicultural committee and through the development process for the 2003 City of London Parks and Recreation Strategic Master were shared with participants.

II. Setting Priorities – exercise

The following nine themes stemming from the above research related to seniors were presented for consideration:
   1) Transportation
   2) Fraud, Crime and Abuse
   3) Access to Information
   4) Housing, Home Care and Long-term Care
   5) Employment and Volunteering
   6) Recreation and Leisure Opportunities
   7) Isolation
   8) Income Supports and Cost of Living
   9) Health and Mental Health Supports

Participants were given the opportunity to identify any additional issues not represented in the themes, add new themes and modify existing themes upon group consensus. To ensure adequate time was available to engage in productive discussion, participants were then invited to vote for five priority themes to be discussed during the session. Stations were set up with posters identifying each theme. A “dot system” was used whereby each participating organization received five “priority dots” (coloured stickers) which they could add to the posters that identified the themes they felt were the most pressing issues for our community. Participants were able to add more than one dot to the same item, if desired.

The following themes were the top five selected by participants for discussion:
   1) Health and Mental Health Supports;
   2) Access to Information;
   3) Isolation;
   4) Recreation and Leisure Opportunities; and
   5) Transportation
III. Identifying Actions and Key Stakeholders – Discussion Groups

After reviewing the top five priorities identified by the group, participants were invited to identify one of the five priorities that they were most interested in discussing. Facilitated breakout groups were then formed for participants to discuss ideas, issues, potential responses and key stakeholders that need to be involved in relation to the priority issue discussed. The duration of the discussions was approximately one and one-half hours.

IV. Where Do We Go From Here? Sharing the Results

Representatives from each of the five discussion groups then had opportunity to share with the larger group key actions and required stakeholders identified in their discussions. Participants were informed that opportunities to provide additional input on the themes discussed during the session, along with those identified but not selected as priorities for discussion would be provided. This occurred through an on-line survey that was sent to participants the week following the session. Participants were informed that the results of the session’s discussions, along with additional input received, would be compiled in a Community Action Plan that would be distributed to participants and other community stakeholders in the fall of 2005.