



## Seniors In Communities: Mapping Project Analysis and Recommendations

February 29, 2008

Prepared by  
Justin Ho and Alison Marshall  
Strategic Consulting Partnership  
United Community Services Co-op

## Table of Content

Executive Summary .....	4
Key Mapping and Geographical Observations.....	4
Key Recommendations.....	6
Project Overview .....	8
The Project Goals.....	8
Mapping Parameters and Definitions .....	8
A Larger Context.....	9
The North Shore Services to Seniors Coalition.....	10
Basic Statistics of Seniors In the North Shore.....	10
Process Overview.....	11
Analysis Category: Demographics and Location .....	12
Mapping Information.....	12
Maps Generated for Analysis.....	12
General Commentary on Demographics.....	12
Recommendations for Further Investigation .....	13
Analysis Category: Housing.....	15
Mapping Information.....	15
Maps Generated for Analysis.....	15
General Observations.....	15
Context and Analysis from the Mapping and Facilitation Sessions.....	16
Recommendations for Further Investigation .....	17
Recommendations for the Seniors Coalition .....	18
Analysis Category: Health Services .....	20
Mapping Information.....	20
Maps Generated for Analysis.....	20
General Observations.....	20
Context and Analysis from the Mapping and Facilitation Sessions.....	21
Recommendations for Further Investigation .....	23
Recommendations for the Seniors Coalition .....	24
Analysis Category: Information, Recreation, and Social Services.....	25
Mapping Information.....	25
Maps Generated for Analysis.....	26
General Observations.....	26
Context and Analysis from the Mapping and Facilitation Sessions.....	26
Recommendations for Further Investigation .....	27
Recommendations for the Seniors Coalition .....	28
Analysis Category: Lions Gate Hospital Emergency Department Visits.....	31
Mapping Information.....	31
Maps Generated for Analysis.....	31
General Observations.....	31
Context and Analysis from the Mapping and Facilitation Sessions.....	32

Recommendations for Further Investigations .....	33
Recommendations for the Seniors Coalition .....	35
Analysis Category: Home and Outreach Support .....	36
Mapping Information.....	36
Maps Generated for Analysis.....	36
General Observations.....	37
Context and Analysis from the Mapping and Facilitation Sessions.....	37
Recommendations for Further Investigation .....	38
Recommendations for the Seniors Coalition .....	39
Analysis Category: Commercial Centres .....	41
Mapping Information.....	41
Map Produced.....	41
General Observations.....	41
Context and Analysis from the Mapping and Facilitation Sessions.....	42
Recommendations for Further Investigation .....	43
Recommendations for the Seniors Coalition .....	43
Overarching Recommendations .....	45
Identify A Seniors Advocate Position On the North Shore.....	45
Re-zoning To Encourage Aging In Place .....	46
Transportation and Seniors 85 Years and Older .....	46
Trust and Services for Seniors .....	47
Polling and Market Research.....	48
Appendix A: Complete List of Maps Analyzed .....	50
Demographics and Location Maps.....	50
Housing Maps.....	50
Health Services Maps .....	50
Information, Recreation, and Social Services Maps.....	50
Lions Gate Hospital Emergency Department Visits Maps.....	50
Home and Outreach Support Maps.....	51
Commercial Centres Map.....	51

## Executive Summary

The *Seniors In Communities Mapping Project* is about collecting important information about and for seniors in the North Shore and about being better informed to make important strategic and operational decisions around services for the 3,765 seniors who are 85 years and older in our communities.

The project utilized Geographic Information Systems (GIS) to map the location of seniors in the North Shore along with the location of existing services and service types for seniors. The project and its resulting analysis and recommendations were designed to aid in meeting overall goals of the North Shore Services for Seniors Coalition to:

- Offer a North Shore wide network of support for under-connected and socially isolated seniors that is planned and effective;
- Connect more seniors to more services and programs – many of which are already in their own neighbourhood or community;
- Increase collaboration between Vancouver Coastal Health (VCH), North Shore service agencies and the three North Shore Municipalities.

## ***Key Mapping and Geographical Observations***

The mapping and analysis process clearly identified these three mapping and geographical observations.

### 1. Remote Areas and Extremities

The North Shore area is rugged, nestled on the side of mountains or hills, forested and known for its natural terrain and beauty. With respect to the mapping project, there are areas that may be considered remote areas of the North Shore, or the “extremities” of the North Shore where seniors 85+ live, including:

- Horseshoe Bay
- Bowen Island
- Lions Bay
- Many areas of the North Shore above the highway
- North area of Blueridge
- Indian River area
- Deep Cove

These areas are mostly detached residential areas and somewhat remote in proximity from commercial centres, health services centres or multi-service nodes. For most demographic groups, these areas are ideal places for living/raising a family, retiring, etc. However, for frail 85+ seniors, these remote areas/extremities may increase the

complexities of the senior's well being. Living in these areas may require more dependence on transportation from family/friends or HandyDART, or increased support from community services and volunteer services.

## 2. Underserved Areas

Examining the full collection of maps produced for the project identified some key underserved areas that require attention:

- West of Dundarave to Horseshoe Bay (although there is Gleneagles Community Centre, Caulfeild commercial centre, and amenities in Horseshoe Bay);
- Parkgate area; and
- Blueridge, British Properties, and areas above the highway.

The areas from Dundarave west to Horseshoe Bay and the area around Parkgate are examples of areas that are geographically large, with residents and a noticeable number of seniors 85+ more dispersed across the areas, relying on a small sampling of commercial centres, health services and information, social services and recreational programming. As these areas grow in population, there will be a greater demand placed on the existing services.

## 3. Neighbourhood Hubs, Multi-Service Nodes, and Multiple Housing Option Areas

Examining the full collection of maps produced for the project also identified some key neighbourhoods where the majority of senior activities are happening. All the measurements taken around demographics, services and emergency room visits were all high in these areas. These identified neighbourhood hubs were:

- Lynn Valley
- Lonsdale (Lower, Central, and Upper)
- Lower Ambleside
- Dundarave

Within these neighbourhood hubs are also many multi-service nodes (i.e. where multiple providers are located within close proximity) for health services, community services, and commercial centres. Black stars in many of the maps produced mark these nodes.

The burden of travel to these services is much higher for those not living in these areas.

Also locations where multiple housing options (MHOs) exist were also marked with black stars. These MHO areas are also mainly found in the neighbourhood hubs listed above.

## ***Key Recommendations***

Resulting recommendations from the *Seniors In Communities Mapping Project* fall into two categories:

- Recommendations for further research; and
- Recommendations specifically for the Seniors Coalition

The following represents only a summary of key recommendations that resulted from the mapping analysis. The recommendations below are only a sampling from what is found within the full report.

### 1. Identify a Seniors Advocate Position on the North Shore

This position would focus on at-risk, frail, isolated seniors and work *holistically* with all North Shore service agencies, Vancouver Coastal Health and the North Shore Municipalities to leverage all possible support for the most at-risk seniors.

### 2. Expand Research

This project offered significant information on 85+ frail seniors on the North Shore. In the facilitated sessions, it was strongly communicated that there is great value in conducting similar research and analysis, but tackling different or expanded pockets of the senior population on the North Shore. Such additional research would include:

- Seniors with an expanded definition of frail (at risk due to mental illness, addiction or substance abuse, low income, psychiatric needs, or dementia/cognitive disabilities);
- Younger seniors (65 to 85 years of age);
- Seniors whose language of origin is not English; and
- Seniors on Reservations.

### 3. Re-zoning to Encourage High Density In Some Areas of the North Shore

Both the commercial centres and the health services analysis recommended that North Shore municipalities consider re-zoning particular areas for high density housing options where there is closer proximity to services important for seniors 85+ .

Conversely, it is challenging for many North Shore seniors to age in place – meaning the ability for seniors to continue living in their neighbourhoods for as long as possible. There are geographical areas of the North Shore that are removed from “commercial centres”, health services and non-profit/municipal programs and services (for example, the Blueridge area and the British Properties). Community support for planning concepts that encourage higher-density housing options, such as townhouses and apartments and small ‘villages’ within what has historically been detached housing residences will allow seniors to live in their neighbourhoods, and encourage new

commercial centres and multi-service health nodes to emerge in these areas. A designated group from the North Shore Seniors Coalition should form to formally advocate and educate the community on the need for higher density housing options.

#### 4. Transportation and Seniors 85 Years and Older

Given the complexity of acquiring more and more medical issues that significantly impact the life of seniors who are 85+, a recommendation is to augment existing volunteer driver programs (i.e. Seniors' Hub and North Shore Volunteers for Seniors provide such driving programs) to help seniors get to and from medical appointments. The sustainability of volunteer-lead driving programs will need to be explored given the changing trends in volunteerism. The need for a comprehensive one-on-one driving service tailored to the needs of frail seniors 85+ was expressed often during the facilitated sessions, particularly one that is sensitive to declining cognitive abilities of clients and supportive around scheduling and booking of transportation. Existing programs provide some coverage, but the need is more holistic and will require augmentation.

#### 5. Trust and Services For Seniors

Relationship building and trust building with fragile seniors is very important in engaging them in services. Particularly through the facilitated sessions, it was clear that lack of trust is the main barrier for utilizing services and programs targeted for them.

This is a key theme to note, given the number of potential new or expanded programs and services identified through the recommendations in this report. As organizations in the Seniors Coalition begin to unbundle the recommendations and plan on moving any of them forward, the notion of building, rebuilding, or strengthening trust between client and service is paramount and needs to be considered.

#### 6. Qualitative Research and Market Research

Much of the challenging aspects of this project have been around using quantitative data (such as census information) to develop more qualitative analysis and recommendations. Much of the qualitative information of interest, including the prevalence of family caregivers, the location and numbers of isolated seniors, opinions about current services, forecasting of services that future frail seniors may want, could be found through more census data mining and mapping, but could also be more effectively uncovered through interviews and even more so through more commercial research tools, such as polls and market research.

## **Project Overview**

The *Seniors In Communities Mapping Project* is about collecting important information about and for seniors in the North Shore and about being better informed to make important strategic and operational decisions around services for the 3,765 seniors<sup>1</sup> in our communities.

The project utilized Geographic Information Systems (GIS) to map the location of seniors in the North Shore along with the location of existing services and service types for seniors. The resulting maps became powerful tools to identify gaps and facilitate analysis and recommendations to reconfigure existing services and/or to suggest service enhancements, additions, or subtractions, particularly for organizations participating in the North Shore Services to Seniors Coalition (the Seniors Coalition).

The Strategic Consulting Partnership of the United Community Services Co-op was contracted to facilitate these interagency discussions around the mapping findings as well as to provide some analysis and recommendations based on the discussions and mapping data. This report represents the results of that work.

### ***The Project Goals***

The *Seniors In Communities* project and its resulting analysis and recommendations were designed to aid in meeting overall coalition goals to:

1. Offer a North Shore wide network of support for under-connected and socially isolated seniors that is planned and effective;
2. Connect more seniors to more services and programs – many of which are already in their own neighbourhood or community;
3. Increase collaboration between Vancouver Coastal Health (VCH), North Shore service agencies and the three North Shore Municipalities.

### ***Mapping Parameters and Definitions***

Given a project of this nature (one with high interest and high potential to catalyze change), there is always a danger that the scope of the research and analysis could become far too large to be done effectively.

---

<sup>1</sup> For the purpose of this report, seniors are defined as 85 years or older. For an explanation of this definition, please review the *Mapping Parameters and Definitions* subsection.



To ensure results with the highest possible impact, the project steering committee narrowed the project scope, being respectful of project limitations such as the funds available, timeline, as well as the resources of volunteers, staff and contractors involved in this project. Also, the scope was narrowed with the working assumption that this project would only be the beginning of further research of North Shore seniors.

In short, the scope of this project was to focus on “frail seniors” in the North Shore. A working definition used for this project comes from Vancouver Coastal Health, and is:

*“A "frail senior" is an older adult who is "at risk" for health and social negative outcomes, due to health status. A frail senior is less able to cope with health and environmental stressors; may have chronic diseases, weight loss, falls, and a number of other associated symptoms/conditions.”*

Once this overall scope was agreed upon, there was a need to operationalize the definition of frail seniors (sometimes also referred to as “under-connected and socially isolated” seniors) in order to frame the project for statistics and information gathering purposes. The steering committee decided on the following parameters to best capture the definition of “frail seniors”:

- The population mapped was seniors 85 years and older;
- Services mapped were services applicable to seniors 85 plus;
- The geographical focus was on the entire North Shore – District of West Vancouver, District of North Vancouver, and City of North Vancouver. Areas such as Lions Bay and Bowen Island were included in some of the basic demographics mapping, but were not included on many of the maps produced, mainly due to readability reasons;
- The main source for determining services available in the North Shore was the *North Shore Guide to Services for Seniors*, the project steering committee and the facilitated sessions with the North Shore Services for Seniors Coalition; and
- Maps including the location of senior clients (by postal codes) were limited to those services and organizations that had the ability to share their information within the project timelines.

## ***A Larger Context***

Initially, the mapping project was conceived as part of a larger initiative developed collaboratively by a number of seniors serving organizations in the North Shore. The *Connected Community for Seniors* initiative was an inter-related group of projects aimed at better connecting isolated seniors to services in the community. Project components were as follows:

1. The mapping project as reported here;
2. An outreach and support initiative to provide programs and services in multi-unit buildings with high concentration of seniors;
3. A transportation initiative to enhance existing services for seniors, including investing in vehicles for a new shuttle program;
4. A co-location initiative to invest in new facility space for a number of seniors organizations; and
5. A volunteerism initiative aimed at improving the effectiveness of placing and involving volunteers in the delivery of seniors programming.

### ***The North Shore Services to Seniors Coalition***

Ultimately, the recommendations generated from the mapping analysis are presented here for use by the North Shore Services to Seniors Coalition. The Coalition is a network of 60 seniors-serving organizations that meets monthly to discuss issues related to the services they provide as well as issues facing the senior population as a whole. The goals of collaboration and partnership are at the core of this coalition and these themes served as the lens used to develop of the following analysis and recommendations.

### ***Basic Statistics of Seniors In the North Shore***

A section dedicated to the mapping and analysis of demographic information of seniors in the North Shore follows in the *Analysis Category: Demographics and Location* section. However, here are some basic statistics of the 85 years and older senior population in the North Shore to provide some overall context (from 2006 Census data).

- Total population in the North Shore (NS): **174,545**
- Total number of seniors 85 years or older: **3,765**
- Percentage of NS population that is 85 years or older: **2%**
- Total number of women 85 years or older: **2,565**
- Total number of men 85 years or older: **1,200**
- Percentage of 85 years or older by gender: **68% women** and **32% men**
- Total number of seniors 85 years or older (West Vancouver): **1,580**
- Percentage of total population (West Vancouver) (42,130): **4%**
- Total number of seniors 85 years or older (District of North Vancouver): **1,300**
- Percentage of total population (District of North Vancouver) (82,560): **2%**
- Total number of seniors 85 years or older (City of North Vancouver): **870**
- Percentage of total population (City of North Vancouver) (45165): **2%**

## ***Process Overview***

### Map Driven Analysis

The analysis and subsequent recommendations were based on GIS maps provided by the *Seniors In Communities Mapping Project* GIS mapper. The maps produced fit into seven distinct categories:

1. Demographics and location;
2. Housing;
3. Health services;
4. Information, recreation, and social services;
5. Lions Gate Hospital emergency room visits;
6. Home and outreach support; and
7. Commercial centres.

For a complete list of maps produced and analysed, please review Appendix A. PDFs of the maps are available online at [www.nscr.bc.ca](http://www.nscr.bc.ca).

Recommendations are grouped into specific considerations for further research or study and suggestions specifically for the Seniors Coalition.

### Maps As A Catalyst for Facilitation

The richness of the analysis and recommendations that are found within this report come both from the maps themselves as well as from the discussions in which they generated through the two facilitated sessions with members of the Seniors Coalition. Content in this report come equally from both. Although the maps were themselves the centrepiece of this project, in many ways they were a means to an end, which were to provide key pieces of information to spark further discussion and energy amongst leaders and organizations serving North Shore seniors.

### Next Steps

The consultants will meet with the Seniors Coalition in April of 2008 to facilitate a final session on the implementation of recommendations to support 85+ at-risk seniors.

## **Analysis Category: Demographics and Location**

The baseline maps produced for this project centered on 2006 census data from Statistics Canada. The mapping and analysis of this information provided the foundation for which other maps and other analysis could be done.

### ***Mapping Information***

The following information was gathered and mapped:

- Males and females age 85+ living in the North Shore (2006 census data)
- Population density for seniors 85+ are shown in dissemination areas (DAs) which are specific areas (typically smaller than the neighbourhood division that are commonly used)
- DAs are shaded, with areas with a higher density of seniors 85+ living there receiving a darker shade
- Neighbourhood boundaries and street data (provided by Statistics Canada)

### ***Maps Generated for Analysis***

The following maps were created:

- North Shore neighbourhoods
- Concentrations of seniors 85+ in the North Shore
- Concentrations of women 85+ in the North Shore
- Concentrations of men 85+ in the North Shore

### ***General Commentary on Demographics***

The following is a summary of observations that informed recommendations:

- There are far more female seniors 85+ than males, which is expected given the different mortality rates for men and women;
- In general terms, the vast majority of 85+ seniors are living in West Vancouver (Dundarave and eastward) and in the City of North Vancouver;
- Areas with the highest density of seniors 85 years and older are in Ambleside, Central Lonsdale, and Lynn Valley West (91 to 180 seniors per 400 to 700 people); and

- Areas with the second highest density of seniors 85 years and older were in Dundarave, parts of Central Lonsdale, the south-east corner of Blueridge, and part of Lynnmour (41-90 seniors per 400-700 people).

## ***Recommendations for Further Investigation***

Given the narrow scope of this project to investigate only seniors 85 years and older, a key part of the recommendations for further investigation is to expand this research and analysis to other age ranges. It was clear with the comments and high level of engagement during the project facilitations that community organizations were unanimous in their view of the importance of furthering the research begun with this project. In order to fully realize the momentum and learnings from this project, said many, the funds and resources to do more research is needed now.

### **2. Conduct Similar Research With An Expanded Definition of “Frail”**

Similarly structured research and analysis should be considered with an expanded definition of frail that goes beyond the physical frail definition. Investigation of the demographics, location, and size of the senior population that are at risk due to:

- Mental illness;
- Addiction or substance abuse;
- Low income;
- Psychiatric needs; and/or
- Dementia/cognitive disabilities.

### **3. Conduct Similar Research With Other Age Ranges**

Similarly structured research and analysis should be considered with seniors younger than 85 years in order to provide research that will assist in strategic planning for seniors who may become frail within the next 5 to 10 years. This research would also be useful for planning of current services for seniors in these age groups. Age ranges should include: 65-69, 70-74, 75-79, and 80-84.

### **4. Conduct Similar Research For Language of Origin**

Similarly structured research and analysis should be considered with seniors whose language of origin is not English to gain a better understanding of the gaps in services and barriers due to language. This was of keen interest to many community organizations during one of the project’s facilitated sessions.

#### 5. Conduct Similar Research for Seniors On Reservations

Similarly structured research and analysis should be considered with seniors from North Shore reservations to examine services for First Nations communities. Some statistics and research exists, such as for the Tsleil-Waututh elders, and should be incorporated into this research.

#### 6. Prioritize Research Phases

Members of the Seniors Coalition will need to review the recommendations above and create a prioritized list of further research. The range of further study is enormous and some sort of collective determination of research priorities is required before spending energy and resources to fund further research. Sporadic efforts to further this research will not lead to the comprehensive or coordinated analysis that is required and most useful.

## **Analysis Category: Housing**

The analysis of maps relating to housing, along with the facilitated sessions on the topic provided the most creative and engaging discussions with the Seniors Coalition. Recommendations from other analysis categories inevitably related back to housing, making this issue the most crosscutting of any examined in this project.

### ***Mapping Information***

The following housing types were mapped:

- Public and private care facilities;
- Public and private assisted living facilities;
- Facilities where seniors can purchase their units;
- Subsidized housing for seniors; and
- Supportive housing for seniors.

### ***Maps Generated for Analysis***

The following maps were created:

- Concentration of seniors 85+ with the location housing facilities (West North Shore sub-map)
- Concentration of seniors 85+ with the location housing facilities (Central North Shore sub-map)
- Concentration of seniors 85+ with the location housing facilities (East North Shore sub-map)

### ***General Observations***

The following is a summary of observations that informed the analysis:

- All housing options are located south of the Trans Canada Highway, where the majority of the North Shore population resides;
- There are nine specific locations in the North Shore (four in West North Shore and five in the City of North Vancouver) where there are multiple housing options (MHO);
- Specifically, MHO areas are found in Dunderave, Ambleside, Delbrook, Lower and Central Lonsdale, as well as Lynn Valley West and Westlynn;

- The City of North Vancouver has the most housing options mapped;
- All Dissemination Areas (smaller than neighbourhoods) with the highest density of seniors 85 years and older (including parts of Ambleside-British Properties, Central Lonsdale, and Lynn Valley West) have seniors housing options nearby or in the area;
- Ambleside has a concentration of seniors housing options although statistically it does not have the highest density of seniors living there; and
- There are fewer housing options in east end of the North Shore, indicative of the seniors' population in the neighbourhoods.

## ***Context and Analysis from the Mapping and Facilitation Sessions***

### Multiple Housing Option Areas

The nine multiple housing option (MHO) areas offer opportunities for more collaboration and coordination amongst facilities, given their close proximity.

### Gaps Observed

The maps and feedback from the facilitated sessions clearly identify a shortage of supportive housing and resources for geriatric care, especially as it relates to housing needs.

The glaring shortage of middle-income options was emphasized during the facilitated sessions. It was noted, for example, that if a senior's income is too high, he/she would not be able to get into a facility such as Kiwanis Lynn Manor. However, their income level may not be enough to make a private facility, such as Amica, a possibility either. Many seniors fall into this scenario.

An unexpected finding from the map is the lack of housing options for seniors living in the extreme ends of the North Shore, particularly east of Seymour. There are significant populations of 85+ seniors living in the Parkgate area without much in the way of options (assisted living, etc.) between purchased housing and intermediate care.

### Rethinking the Model

The facilitated sessions sparked an important debate about the housing models (as well as services for seniors in general) that currently exist to meet the needs of seniors. Do the models actually cover the actual needs of seniors – in the North Shore or otherwise? Are there other options (or adequate amounts of those options that do work) to support seniors with chronic health conditions and models that fall within the preventative care mould?



Concern was also expressed about the responsiveness of housing and services options for seniors who move more suddenly from independent living to needing substantial amounts of support (due to a critical medical or physical incident). It is clear that the system needs to be more responsive for seniors who move more rapidly through the care continuum.

### Some Current Activities

Apart from what was mapped, the facilitated discussion unearthed other, more recent activities currently underway:

- Supported Housing: Kiwanis Towers and Kiwanis Lynn Manor received funding from BC Housing to adapt 70+ independent living suites to supported housing units, which included funds for a commercial kitchen. The established meal program may be extended to the community, but that is dependent on funding;
- Vancouver Coastal Health is offering supportive programs in two subsidized housing units, Twin Towers and Anavets; and
- The regional Health Authority is also looking at supported housing focused on mental health concerns.

### Comparing Maps

Each MHO area received more than 10 Lions Gate Emergency calls during the six-month period measured, which is on the higher end of what was recorded. This is not surprising given the larger concentration of seniors and seniors housing in these areas.

## ***Recommendations for Further Investigation***

### 1. Conduct Qualitative Study of Housing In the North Shore

Gather more in-depth information from seniors housing facilities (potentially through interviews) on issues such as wait lists, reasons for why seniors who apply for supported housing are turned away, and about any services requested by residents that are not provided by facilities themselves, but may be currently done by a community organization. This qualitative review would provide some important context that cannot be reviewed by maps and demographics alone.

### 2. Identify Gaps, Duplicate and Under-Used Services and Assets at MHO Area Facilities

Because of their close proximity, conduct an analysis of services (either through interviews or working meetings) located and offered in facilities in each of the MHO areas. The close proximity of multiple facilities offers opportunities for collaboration and coordination of resources and services, particularly around the offering of outreach services by community organizations in these MHO areas.

### 3. Demographic Research on Isolated Seniors

The study of seniors 85+ through census data only provides basic information about the frail seniors' population in the North Shore. Questions throughout the analysis and facilitation process asked about the numbers and location of "frail seniors living alone." More detailed information to create a more descriptive picture of at-risk and isolated seniors needs to be researched. Some suggestions on collecting such information would be further data mining of census data compared with zoning information, or potentially through funding a detailed market survey.

From the facilitated session, the following were of particular interest:

- Seniors in single dwelling homes (i.e. in the British Properties or Blueridge area);
- Seniors in apartments not identified as "seniors housing"; and
- Seniors living above the highway.

It is recommended to research and learn more about the use of community programs (health, outreach, social and recreational, etc.) that seniors access in addition to the level and kind of family/neighbourhood support system the isolated senior has.

### 4. Research and Map Other Housing Options

The housing options mapped in this project were those classified (either by reputation or by health policy/standard/regulations) as seniors housing options. Other types of housing options that service frail and at-risk seniors need to be researched. Such housing needs that require study are:

- Emergency shelters;
- Transition homes;
- Respite care;
- Housing needs as seniors transition from independent living to early stages of dementia and onward; and
- Convalescent care (i.e. for seniors who have been discharged from hospital because they are no longer sick enough to stay, but who have continuing medical issues such as colostomy bags).

## ***Recommendations for the Seniors Coalition***

### 1. Target MHO Areas for Potential Outreach Locations

The mapping process identified nine MHO areas. Given the close proximity of facilities (all with common spaces) and the higher concentration of seniors 85+ , these areas have high potential for locating expanded or additional outreach services provided by Seniors Coalition organizations.

The need to provide more services “where seniors are” was a predominant theme during the facilitation process.

Some activity is already happening in this area, including at Kiwanis Towers, where funds have been access through BC Housing to adapt community rooms to be more accessible and to provide food services and activities for seniors in the community. Examples such as these should be monitored and serve as pilots for similar collaborative initiatives between facilities and community organizations.

## 2. Advocate for More and Different Housing Options

As research is undertaken as recommended above, a working group of the Seniors Coalition should be formed to determine how best to advocate for additional or new housing options with other seniors stakeholders and the municipalities. Results in particular from any research from recommendation # 4 in the *Recommendations for Further Investigation* section above would provide very useful information for such a working group.

## **Analysis Category: Health Services**

For any senior 85 years and older, the accessibility to and use of health services is critically important to a safe and healthy life. For this study, the main focus was the review of the location of health services with the concentration of the senior population 85+.

### ***Mapping Information***

The following health services types were mapped:

- Medical Clinic;
- Medical Labs and X-Ray Services;
- Medical Specialist;
- Community Health Centre;
- Adult Day Centre;
- Counselling and Mental Health Program; and
- Multi-Service Node (locations where multiples of the above were located in close proximity)

### ***Maps Generated for Analysis***

The following maps were created:

- Concentration of seniors 85+ with the location of health services (West North Shore sub-map)
- Concentration of seniors 85+ with the location of health services (Central North Shore sub-map)
- Concentration of seniors 85+ with the location of health services (East North Shore sub-map)

### ***General Observations***

The following is a summary of observations that informed the analysis:

- In West Vancouver, most Health Services are located in the Dundarave, Ambleside, Caulfeild and Park Royal (Commercial Centre); and

- Health services in North Vancouver are concentrated in the Lonsdale/Lions Gate Hospital (LGH) area, but clinics and multi-service nodes can also be found in Lynn Valley, along Marine Drive and Deep Cove.

## ***Context and Analysis from the Mapping and Facilitation Sessions***

### Gaps Observed

There is a general correlation between health services and where seniors 85+ reside on the North Shore. However, for those 85+ living in West Vancouver above the highway (i.e. from the British Properties and west/above the highway to Horseshoe Bay) there are no health services close to these neighbourhoods.

### Observations from Facilitated Sessions

In the facilitated sessions, the concept that more health services outreach “has to happen” and it’s a “very important part of the seniors aged 85+ puzzle” was identified. As a senior’s health status declines and medical needs increase, the ability to cope with chronic diseases, weight loss and other symptoms and conditions contribute to the greater need for outreach services.

### Transportation

With respect to the challenge seniors’ face in getting to health services, transportation becomes increasingly critical. Often, public transit isn’t an option due to requirements for mobility and the need for cognitive clarity of the destination. Programs and services that include supported transportation (such as a handful of volunteer driver programs, Senior’s Go Bus, and HandyDART) are increasingly becoming more important, and if possible, should be expanded, particularly around supporting seniors as their cognitive and physical abilities decrease.

Programs that offer transportation to seniors may require vehicles used for transporting seniors—often with mobility-related issues—to be somewhat specialized, therefore reducing the ability for volunteers to engage in these programs with their own vehicle. In creating or operating volunteer transportation services, there are insurance, liability and training tasks to accomplish. There are both organizations and volunteers who are not able or willing to do hospital pick-ups if there isn’t anyone at home to continue the care of the senior.

In particular to transportation and health services for seniors aged 85+ , there is a question as to how practical and useful public transportation is. For example, if this senior is accessing preventative or “regular” health services, he/she may be physically able to negotiate public transportation. However, if there is a significant or chronic

health issue, public transportation may not be an option. HandyDART and other supported transportation programs will be in greater demand as more of the 75+ seniors' age.

### The Changing Volunteer

The analysis of trends in volunteering can be confusing. One perspective is that volunteer programs may be expanding and another may be that they are at risk!

One perspective is that baby boomers are aging and leaving their volunteering commitments, at the same time as younger generations of volunteers are not coming in to pick up the volunteer positions in the same numbers, thus reducing the number of volunteers.

Conversely, baby boomers are retiring and wanting to engage in volunteer work, so the pool of volunteers could be increasing. The question is whether baby boomers will want to volunteer in the same ways as their parents did – consistently and regularly.

Regardless, as the number of seniors 85+ grows, the demand on health services will critically increase. Many seniors will be managing an array of serious health issues as they age. Clearly, volunteers play a vital role in terms of emotional/physical comfort, palliative support, preventative programming, educational services, peer-support and other pivotal components to a senior's quality of life.

### Doctors Caring for Seniors With Complex Medical Issues

Another dimension to the growing complexity of health issues as seniors age is the willingness of doctors to take on patients with complex medical needs. Many physicians already have a full/busy practice, and may be unwilling to take on such new patients. This potentially becomes an insurmountable barrier for seniors 85+ who may be healthy and have been without a family physician for years (being no need for one), but suddenly finds themselves faced with a critical medical incident.

### Keeping Seniors In Their Homes Without Improved In-Home Services

Another trend worth noting is the general health policy encouraging and facilitating seniors staying in their homes longer. Such a policy, although admirable in its goal to keep seniors living independently as long as possible, is only viable when in-home or outreach services – whether they be home care, social and recreational services provided by community organizations, or health services – is increased accordingly. This added demand needs to be acknowledged by funders and organizations alike and the delivery of services expanded as required.

## ***Recommendations for Further Investigation***

### **1. Study the Effect of Distance to Health Services with Where Seniors Want to Live**

With respect to health services and further investigation, an important cause and effect to study would be whether the geographical distance to health services prompts seniors to seek supported living or places them in a higher risk situation.

A number of questions arise. For example, if a senior has health issues requiring multiple visits to health service centres, does low proximity to these services increase the senior's risk? Or does low proximity to health service centres become the factor that prompts a senior to seek supported living situations?

Looking at the issue another way, does simply living closer to health services (such as a senior living in the Lonsdale or LGH area) result in the ability to live independently for a longer time than a senior living in a more isolated area like the British Properties?

Developing a more detailed study to research the impact of proximity to health services with health and safety risk levels should be developed. The maps produced in this study provide only anecdotal inferences to this topic.

The following are some suggestions on tackling this research:

- Polling of seniors who are 65+ about future health-related issues. For instance:
  - What are they concerned about prior to reaching 85+ ?
  - Is proximity to health services location a concern?
  - Do you plan to get to Health Service locations via public transportation or do you think that you'll be driven by a spouse/family member/friend?
- More detailed mathematical research of emergency room visit data with census and zoning data; and
- Relate this study to the recommended efforts around additional demographic and housing research.

The results of this research would further support efforts to encourage zoning recommendations to increase density in areas where health and commercial centres exist, which is also a recommendation.

### **2. Examine Substance Abuse and Mental Health Services**

A more pointed study is recommended to examine how available and adequate substance abuse services and mental health services are for seniors. Currently, a review is underway at Vancouver Coastal Health, under their Mental Health & Addiction Services unit. Any research considered by the Seniors Coalition on these issues should involve the sub groups involved in the VCH review.

The ability for the North Shore community to support 85+ seniors in the area of substance abuse and mental health services needs to be reviewed separately from medical/health services. Differentiating these services from the broader “health services label” is needed because when combined, medical symptoms typically become the focus.

When the underlying causes are *not* medical, such as with substance and mental health causes, they can be overlooked, under-treated, or not treated with the ‘right’ professionals that really could help them. By examining substance abuse and mental health services separately, the North Shore community can proceed to plan for specific funding. By bypassing the medical/health services classification and allowing real and viable pathways for the 85+ senior to gain substance abuse/mental health services that they really need, there will be cost-savings to the medical system in addition to supporting the needs of seniors who deserve treatment for substance abuse/mental health issues that impact their daily life in an adverse way.

### ***Recommendations for the Seniors Coalition***

#### Advocate for Higher Density Housing Options On the North Shore

Aging seniors most often need to be close to health services, commercial centres, and other amenities. A designated group from the Seniors Coalition should form to formally advocate the need for higher density housing options to the City of North Vancouver, the District of North Vancouver and the District of West Vancouver. A push for higher density housing options relates to the aging seniors needing to be close to commercial centres, health services and other amenities. Part of the role of the Seniors Coalitions is educating community members about the needs of seniors in their community.



## **Analysis Category: Information, Recreation, and Social Services**

Apart from access and use of medical services, the social and recreational activities are what round out the life of every senior. The vast majority of such services – whether they be information-based services, recreational programs, or community/social services – are provided by community non-profit organizations across the North Shore.

### ***Mapping Information***

A variety of information was gathered to create a number of different maps for consideration. The following information and Support/Social Service organizations were mapped:

- Seniors' One-Stop Information
- Silver Harbour
- Parkgate Community Centre
- John Braithwaite Community Centre/ North Shore Neighbourhood House
- Capilano Community Services Society – Seniors' Hub
- Seniors' Peer Support
- Lionsview Seniors Planning Society
- West Vancouver Seniors' Activity Centre
- North Vancouver City Library
- North Vancouver District Public Library (all three locations)
- West Vancouver Memorial Library
- Adults & Seniors Addiction Day Program
- Alzheimer Society Resource Centre
- BC Schizophrenia Society - NS Branch
- Canadian National Institute for the Blind
- North Shore Caregiver Support Program
- Chronic Disease Self Management
- Community Bereavement Program
- Lionsview Seniors Planning
- Family Services of the North Shore
- North Shore Grief Recovery
- Hard of Hearing Association
- Living Systems
- STRIVE
- Widow's Network
- North Shore Stroke Recovery Centre (both locations)

In terms of recreation services, the following types were mapped:

- Church with Outreach
- Recreation Centres
- Social Centres
- Volunteer Opportunities
- Fitness Programs

## ***Maps Generated for Analysis***

The following maps were created:

- Concentration of seniors 85+ with the location of information and support programs (social services)
- Concentration of seniors 85+ with the location of community and recreation centres

## ***General Observations***

The following is a summary of observations that informed the analysis:

- West Vancouver: There is little in the way of listed Information and Support Services west of Dundarave;
- Gleneagles Community Centre (6262 Marine Drive) in West Vancouver connects the population west of Dundarave to Horseshoe Bay to community services;
- There is a Multi-Service Node at 21<sup>st</sup> near Marine in West Vancouver;
- West Vancouver United Church is at Marine Drive and 21<sup>st</sup> and has a busy outreach program;
- North Vancouver: There are a number of Information and Support Services in The City and District of North Vancouver: the map shows such services in Norgate, Edgemont, Capilano, Delbrook, the Lonsdale area and Parkgate;
- There is a Multi-Service Node in the Queens/Delbrook area;
- Library and Churches with outreach services are found in Edgemont Village;
- There is an absence of Information and Support Services east of Lynn Valley until Parkgate and then an absence of information and support services from Parkgate to Deep Cove; and
- Ron Andrews Recreation Centre is in the Mt. Seymour area.

## ***Context and Analysis from the Mapping and Facilitation Sessions***

### Gaps Observed

There is a gap in information and support services in these areas: In West Vancouver: Horseshoe Bay (although Gleneagles Recreation Centre exists west of Horseshoe Bay) West Bay, Caulfeild, and the British Properties. In North Vancouver: Blueridge, Lynnmour and Seymour.

There are a number of information and support services that seniors can access from their home. Services accessible by phone or through the internet such as library catalogues or telephone support such as Seniors One-Stop are examples. In accessing these services, it doesn't matter where the seniors 85+ reside, as it won't impact their

participation in these services. More and more younger seniors are accessing information on the Internet and as this population ages, potentially online services and information may be more greatly utilized.

However, proximity to services becomes more important when seniors need to physically be at the program's location to engage in the services. For example, "Keep Well" programs at Silver Harbour Centre or recreation programs at West Van Seniors' Activity Centre.

A theme for the general mapping project appears to be the proximity issues to Commercial Centres, Information and Support Services and Health Services to seniors in the *same* areas: west of Dunderave in West Vancouver, West Bay, British Properties, Blueridge, Lynnmour, Seymour, and sometimes Deep Cove. If one is a frail 85+ senior residing in those areas with any mobility issues, it brings forward challenges in accessing programs and services.

Both Gleneagles and Parkgate recreation centres are geographically supporting a wide area; potentially, residents may be quite a distance from their closest recreation centre, so transportation becomes more critical for their participation in programs and services.

### Aging in Place Concerns

With respect to information, recreation and social services, often frail seniors may not be able to know or predict the services that will be important to them as they age. For example, one may not know that the North Shore Stroke Recovery Centre will be a significant part of their daily living. Therefore, living in areas that do not have close proximity to multi-program nodes may have more consequences for a senior than what he or she expected, especially in the case when, prior to a stroke, the senior was able to drive.

## ***Recommendations for Further Investigation***

### 1. Polling for Better Understanding of Future Service Needs

Poll seniors 65+ to determine the kinds of services they expect to participate in as they age. For example, if someone responds to the poll as a life-long reader and library user, a poll question may be posed: "As one ages, there may be factors such as eyesight that interfere with your ability to drive. In that case, how would you access services in your community?"

## 2. Investigate and Map Meal Programs

Collect and analyze information on meal and food programs for seniors; look for additional information about cultural attitudes about food / meals. Meal programs were listed early on in the mapping project, but resource constraints prevented programs to be properly included in the resulting maps.

## 3. Study the Trends in Volunteerism and Impacts on Services for Seniors 85+

Volunteers are the human resource engines that run many of the information, support and recreational programming in any community. For example, in the North Shore, volunteers are involved in one-to-one senior peer support, in-home support, friendly visitor, out-of-home activity support, handyman/student support. From the facilitated discussion, it was clear that understanding how the changing needs and demographics of volunteers is required to ensure that community programs are sustainable and are recruiting and involving volunteers appropriately. This can be done either through polling, working with statistics from Volunteer North Shore, or even further investigating of data from the 2004 Canadian Survey on Giving, Volunteering and Participating.

## 4. Conduct Research About the Cultural Impacts on Services for Seniors

Conduct further research to better inform a comprehensive cultural strategy for services to seniors of different cultural background. Research in this area would help service providers understand more about cultural attitudes about food, the influence of 'trust' in creating programming in the homes of fragile 85+ seniors, and to help us better understand grief/end-of-life support that may play a critical role in the welfare of older seniors.

# ***Recommendations for the Seniors Coalition***

## 1. Create a Seniors Advocate Position and Program

The Seniors Coalition should consider moving towards establishing a Seniors Advocate position in the community. The creation of such a community-owned staff position (with potentially a volunteer program component) would formally and proactively connect seniors who are at-risk with relevant resources. There are many services available, but seniors 85+ need an advocate to assist them in navigating the system. The concept of a Seniors Advocate Position was fully encouraged by the participants at the project facilitated session.

In addition, a Seniors Advocate could be charged with managing and the finding of resources to continue the work started with this initiative. Please see the *Overarching Recommendations* section for further details on the proposed Seniors Advocate.

## 2. Integrate More Palliative Care Principles Into Service Planning and Delivery

When thinking about services for seniors 85+, end-of-life care concerns become increasingly important. Although there are dedicated palliative programs and services on the North Shore (and the building of a hospice), there are seniors who need end-of-life support.

Such end-of-life support includes: emotional and psychological support (i.e. one-to-one support around anticipatory grief) support around family issues and other important decisions that are unique to those approaching the end of their life. Legal issues emerge at this phase in a person's life: wills, power of attorney and representation agreements, for example.

In this analysis category of *Information, Recreation, and Social Services*, it is recommended to integrate more palliative care principles into service planning and delivery. An example, gathering outreach workers (and the Seniors Advocate) for the purpose of training on end-of-life issues from the North Shore Palliative Care Program educators. This training would focus on how to support this segment of the population with respect to end-of-life issues and increase the knowledge of program and service providers about prognostic indicators for frail, elderly seniors.

Currently, palliative information and support is provided by Vancouver Coastal Health and Family Services of the North Shore through their Community Bereavement program and well as their Grief Recovery Program. Such existing services should be involved in helping to incorporate palliative principles with other community services as recommended.

## 3. Create Two Pathways to Access Services

The frail 85+ seniors may struggle with physical mobility issues and be isolated in their homes. North Shore senior services providers should create two “pathways” to accessing services:

1. For those seniors who are interested, willing and able to access program sites – to participate in person, and
2. For those seniors who are generally limited to programs and services that can be accessed from home and / or programs and services that offer ‘home service’.

This more senior-centered lens in grouping services would then influence how services are promoted and communicated – creating two easily understood pathways to services.

The proposed Seniors Advocate could also play an important role in developing and implementing clearer pathways to services.

#### 4. Augment Support For Financial Counselling and Integrate Ability to Adapt Such Support As Seniors' Cognitive Abilities Diminish

Existing programming and services for seniors do little in the way for seniors requiring support with financial (and legal) issues such as paying bills and managing credit care finances and debt counselling.

There are opportunities on the North Shore for seniors requiring tax clinics. Also, Silver Harbour has more recently added a financial planner to their legal clinics. However, it's clear that North Shore seniors need more support with their finances. A 'seniors financial support program' run by a non-profit organization would be pivotal in enabling a senior to continue living independently and remove the burden of finances from the senior and/or their caregivers.

Included in such a program should be the awareness of the possibility that a senior's cognitive ability to manage simple tasks such as paying bills and managing credit card payments may diminish over time. This will require a different approach to financial counselling, but needs to be implemented in any 'seniors financial support' program.

Such a recommendation could be implemented as a program of an existing non-profit organization, or explored as a separate non-profit entity, depending on how best the services can be provided to legally and practically create a relationship of trust between both seniors and the program.

## **Analysis Category: Lions Gate Hospital Emergency Department Visits**

Visits to emergency at Lions Gate Hospital (LGH) can be a common event for frail seniors in the North Shore. Examining the frequency of emergency room visits in relation to the concentration of seniors in the North Shore was a key exercise of this mapping and analysis project.

### ***Mapping Information***

The following describes the emergency room visit data received from Lions Gate Hospital for mapping:

- Data covers a six-month period in 2007;
- Includes visits receiving no treatment and those going on to acute inpatient admission;
- Excludes DOA (dead on arrival), but includes those expired in the Emergency Department; and
- This mapping info does not include Lions Bay.

### ***Maps Generated for Analysis***

The following maps were created:

- Concentration of seniors 85+ with the location of emergency services
- Concentration of seniors 85+ with the originating location (by postal code) of emergency room clients (West North Shore sub-map)
- Concentration of seniors 85+ with the originating location (by postal code) of emergency room clients (Central North Shore sub-map)
- Concentration of seniors 85+ with the originating location (by postal code) of emergency room clients (East North Shore sub-map)

### ***General Observations***

The following is a summary of observations that informed the analysis:

- To some degree, there is a correlation between population of those 85+ and emergency room visits (i.e. in densely populated areas, there are higher numbers of emergency room visits). However, the highest density areas of

seniors do not seem to have higher proportion of emergency room visits than other dissemination areas of lesser, but still high concentration of seniors 85+ ;

- Concentration of LGH emergency department visits in the City of North Vancouver, Ambleside and Dunderave. Many of these residents live in apartment buildings, town houses and subsidized/supported/assisted/care facilities;
- Above the highway, there are a number of visits mapped in areas 'high' in the British Properties, and in the District of North Vancouver, in the Grouse Mountain area (i.e Nancy Greene Way) in addition to north areas of Lynn Valley (i.e. the top of Mountain Hwy). Most of the zoning in these areas is predominantly single detached homes. Some properties in these homes may be quite large, especially in West Vancouver above the highway (i.e. the British Properties, Eagle Harbour, Caulfeild, etc.)
- Moving east to Deep Cove, we see there are fewer emergency calls, but the proximity to LGH becomes longer (i.e. in the north areas of Blueridge and the east area of Deep Cove)

## ***Context and Analysis from the Mapping and Facilitation Sessions***

### Isolation

In the areas such as the British Properties, it is not uncommon for an 85+ senior to have a neighbour a good number of meters away behind evergreen trees, ground foliage, gates, fences and steep slopes and long driveways; isolation can happen between houses within a neighbourhood on the North Shore.

If a senior lives alone in a detached home in an area that is cultivated for privacy reasons, it may take neighbours significant time to determine that 'all may not be well' for that senior (i.e. if a senior lives in an apartment building, neighbours may notice a decline in health and pay more attention to him or her). Further, the senior may retreat more into their home and become psychologically and physically more isolated as their health or mobility declines, which compounds the risk issues.

### Adverse Weather and Transportation to LGH

In adverse winter weather conditions, the combination of ice and snow mixed with the steep terrain of the North Shore adds to the transportation variables. Accessing more 'remote' North Shore areas likely increases the time it takes to get a senior requiring emergency medical attention to LGH. Likely, they are more reliant on ambulance transportation than alternate transportation.

For time sensitive emergencies, like heart attacks, respiratory obstructions, or strokes, those 85+ may endure greater risks if they are not close to LGH.



## Bowen Island

West of Horseshoe Bay is Bowen Island; it routinely takes exactly 20 minutes to cross the water via the Bowen Island Ferry (BC Ferries Corporation); this ferry service provides daily crossings from 5:30 am – 10:00 pm. There is an ambulance service station on Bowen Island.

If an 85+ senior requires an LGH emergency department visit, an ambulance will pick up the patient at their residence and ambulance personnel determines the ability for the patient to be treated and transported by BC Ferries on the ambulance. If the senior is able to do so, the ambulance will go on the ferry and continue to treat the patient. When the ferry reaches Horseshoe Bay, another “mainland” ambulance waits, and the patient will be transferred to that ambulance. If required, an “Advanced Life Support” ambulance is called.

During non-ferry service time: the ambulance service will pick up the patient at their home, and arrange for the water taxi service to prepare an emergency trip to Horseshoe Bay. The water taxi service is contracted with BC Ambulance and it provides stretcher/paramedic space and oxygen for patients. The patient will be attended by the ambulance personnel and then transferred to a mainland ambulance in Horseshoe Bay.

It is important to note that the ambulance station on Bowen Island has a location history of a patient upon receiving a call. Often, due to the low population, personnel are familiar with Bowen Islanders that may have chronic and/or serious health issues, particularly if they have used the ambulance service before.

The water crossing/ferry or water-taxi time is an obvious barrier for seniors on Bowen Island. The transportation time likely increases the risk to the senior if the health issue is dependent on the need to be treated at the LGH emergency department.

## ***Recommendations for Further Investigations***

### 1. Enhance Emergency Room Visit Information Through Qualitative Research

Seek funding to determine the reason for emergency room visits. Vancouver Coastal Health has hospital records that will help us understand why 85+ seniors come to the LGH emergency department. The gathering of this information will support relevant preventative services in the community and determine what kinds of high-risk intervention services and specialization services are required in the community. For example, aggregate information to collect and analyze could include:

- Reasons for the visit – such as fall in a private residence, neglect of health/nutrition to the point of collapse, chronic health issue;

- Determine whether the senior was under the influence of drugs/alcohol when the accident occurred (i.e. the accident occurred in the shower; the shower was outfitted with relevant safety equipment, but the senior was intoxicated – the intoxication was the root of the accident);
- Treatment/procedure received;
- Information re: discharge – how many go home, how many stay in acute care, etc. ?;
- Whether patient at emergency had a family physician;
- The mode of transportation in which they arrived at emergency (ambulance, private vehicle, etc.);
- Breakdown of patients (percentages) from various housing situations (from care homes, to seniors' residence, to private homes, etc.); and
- Examine breakdown of patients who come via ambulance versus those arriving driven by family and the resulting time for care for each group.

## 2. Enhance Emergency Room Visit Information With Drug and Alcohol Abuse Information

Information provided from Vancouver Coastal Health was baseline information on emergency room visits. VCH also tracks more detailed information and inquiries should be made about gathering and supplementing the project emergency room visit analysis with this additional information. From the facilitated sessions, there was strong interest in including information about drug/alcohol factors involved in emergency room visits.

## 3. Enhance Emergency Room Visit Information With Ambulance Services Information

As part of the mapping analysis and recommendations process, the Superintendent of Ambulance Services in the North Shore was contacted and he provided some of the contextual information above. Further information sharing is recommended with the superintendent and/or front line ambulatory staff in order to compliment the Vancouver Coastal Health statistics relating to trends and details of the nature of emergency calls and pick-ups, as well as dialogue with Seniors Coalition members about preventative measures that may be appropriate.

## 4. Further Investigate Highest Concentration Areas for Emergency Room Trends

Examine the neighbourhoods of the highest concentration areas of seniors to determine why there isn't a stronger correlation between the number of seniors and the number of emergency room visits (which is not much higher than in less populated areas). Perhaps a more in depth examination of the areas, along with interviews with community leaders and supported housing staff at the number of housing options that exist in the neighbourhoods could provide some added context to explain this mapping observation.

## ***Recommendations for the Seniors Coalition***

### **1. Collaborate On Augmenting and Improving Services for Seniors Upon Discharge From Emergency**

Augmented service-delivery for seniors after an emergency visit to LGH is important for at risk seniors 85+ . If a senior is being treated at LGH through emergency, a geriatrics nurse in triage assesses him or her. This nurse makes community resource and referrals suited to the needs of the senior.

The Seniors Advocate may be the connecting point between the geriatric nurse and services and programs for at-risk seniors. The professional relationship and referral work between the geriatrics nurse and the Seniors Advocate would be a powerful tool for finding and supporting at-risk, isolated, fragile seniors on the North Shore and connecting them to services and programs.

### **2. Collaborate On Augmenting and Improving Outreach Programs on Home Safety**

Outreach initiatives around home safety are currently underway in the North Shore. Programs such as Home Safety Check Program and the Home Adaptation for Seniors' Independence are such examples. However, as the seniors population ages, these services become more and more important, and the ability to augment the capacity of these services is important – particularly in regards to preventing emergency room visits, and unnecessary pain and suffering.

Here are some specific recommendations in this regard:

- Further analyze statistical data from Vancouver Coastal Health, data supplied to the Canadian Institute of Health, as well as data from the ambulance service to provide more detailed information to base a collaborative plan for home safety services;
- Re-examine current communication tools (i.e. flyers/education) for referrals to at-risk seniors and ensure accuracy and accessibility for seniors, as well as appropriate distribution;
- Re-examine the formalized referral process to home safety check services (such as referrals upon emergency room discharge, referrals from other outreach services, etc.) and determine if the process is effective;
- Open more regular communications between LGH emergency staff, home safety programs, ambulance services, and facilities staff to share information, trends observed, and prevention measures; and
- Target MHO areas for conducting home safety and falls prevention awareness sessions that are easier for seniors to attend by conducting them in common rooms at facilities located within the nine MHO areas identified by the maps.

## **Analysis Category: Home and Outreach Support**

For seniors 85 years and older, the use of home support or outreach services is critical to avoid social isolation and to promote continued good health. Through the facilitated sessions, it was clear that increasing outreach services to seniors (to “bring services to where seniors are”) was a high priority for Senior Coalition organizations.

Apart from mapping and analysing the location of home support and outreach clients with the concentration of seniors 85+ , the early hypothesis of a correlation between emergency room visits and outreach support was also examined through the mapping process.

### ***Mapping Information***

The following information was collected for mapping purposes:

- Location (based on postal codes) of seniors 85+ were gathered for clients of the following services:
  - North Shore Older Adult Mental Health - Bright Spot Program
  - North Shore Caregiver Support Program
  - North Shore Volunteers for Seniors
  - North Shore Neighbourhood House (NSNH)/John Braithwaite Community Centre
  - Capilano Community Services Society - Seniors' Hub
- Location (based on postal codes) of seniors 85+ receiving home support services from Vancouver Coastal Health

### ***Maps Generated for Analysis***

The following maps were created:

- Concentration of seniors 85+ with the location of clients (by postal code) receiving outreach support from community agencies
- Concentration of seniors 85+ receiving home support from Vancouver Coastal Health
- Concentration of seniors 85+ with the location of clients (by postal code) receiving outreach support from community agencies, and also with the originating location (by postal code) of emergency room clients

## ***General Observations***

The following is a summary of observations that informed the analysis:

- Outreach support clients are mostly centered in North Vancouver, particularly in the City of North Vancouver, starting in the Norgate and the Lonsdale neighbourhoods and moving up with slightly less density towards the Delbrook, Upper Capilano, Canyon Heights, and Lynn Valley areas;
- In West Vancouver, Dundarave has the majority of outreach support clients;
- Emergency room visits are originating mainly in North Vancouver, particularly in the City of North Vancouver, starting in the Norgate and the Lonsdale neighbourhoods and moving up with slightly less density towards the Delbrook, Upper Capilano, Canyon Heights, and Lynn Valley areas;
- In West Vancouver, Dundarave also has a core amount of emergency room patients, also the British Properties;
- In the east side of the North Shore (Lynn timer, Blueridge, Deep Cove and Dollarton), there are much fewer outreach clients, although the demographics show pockets of seniors populations in the area – particularly in Lynn timer and the south east corner of Blueridge, and Parkgate, where a high number of seniors are located where 60% are single family and 40% are multi-family dwellings; and
- The high-density areas in West Vancouver (the two pockets in Ambleside-British Properties neighbourhood) and North Vancouver (Central Lonsdale and Lynn Valley West), all with multiple housing options, have no greater number of outreach clients than in other neighbourhoods.

## ***Context and Analysis from the Mapping and Facilitation Sessions***

### Collaborations Underway

Through the facilitation sessions, a number of recent collaborations around outreach services were uncovered. For example, a new outreach initiative connecting emergency shelters and the North Shore Neighbourhood House Food Bank was identified.

### Differences Observed

The public home support map shows more coverage (as they are funded to provide services more broadly) than the outreach client map, although both show more concentration in the City of North Vancouver and less clients in the extreme sides of the North Shore (particularly the outreach clients map).

In theory, there really should be no difference between the maps for public home support and outreach clients, as if a senior needs home support they are likely to need other kinds of supports, especially social support. The two maps produced do show

some discrepancy, however the differences can easily be explained due to the different methods of mapping the information. Also, the public home support map is generated with complete data (single sourced from Vancouver Coastal Health), while the data used to map outreach services is only as complete as the number of organizations who participated.

### Outreach Support and Emergency Room Visits

There are emergency room visits that originate in areas west of Dunderave, where there are very few seniors who are receiving outreach support.

The hypothesis of a correlation between emergency room visits and seniors not receiving outreach or home support visit appears is hard to confirm or disprove, given that the location of clients receiving private or public home care services is not mapped fully. From the map of outreach services with emergency room visit, there appears to be no such obvious correlation.

## ***Recommendations for Further Investigation***

1. Expand Research of Home and Outreach Support to Include Family Caregivers  
Study the prevalence, support system for, as well as the characteristics of family caregivers in the North Shore. Further understanding of this type of caregiving would provide a more complete analysis of home and outreach support for seniors.

2. Investigate State of Volunteering For Outreach Programs  
Volunteers drive much of the outreach services provided to seniors from community non-profits in the North Shore. As the North Shore population ages, the need for more services and volunteers will continue to increase. At the same time, volunteers themselves will be getting older.

A study of the general state of volunteer programs in these areas is needed to ensure the right complement of volunteers and services are available. From the facilitation sessions, it was clear that challenges already exist in terms of volunteer recruitment, the changing nature of volunteers, as well as the viability of certain volunteer programs.

Understanding these challenges and generating informed strategies to deal with them is important in particular with one-to-one type volunteer opportunities, such as senior peer support, friendly visitor programs, or shopping programs.

## ***Recommendations for the Seniors Coalition***

### **1. Target Higher Concentration Areas To Promote Outreach Services to Seniors**

Given the evenly spread out location of current outreach clients, organizations should consider collaborating on a campaign to encourage more seniors to utilize services, particularly in underserved areas like:

- The high-density areas where there are less seniors using outreach services than expected given the density;
- In the areas of Lynnmour, the south-east corner of Blueridge, and the north-west corner of Dundarave; and
- To a slightly lesser extent in Moodyville, Westlynn, Edgemont/Pemberton, Upper Capilano, British Properties, and Horseshoe Bay.

Collaborating with housing facilities in this effort would result in an efficient outreach program, particularly in the highest density areas, where multiple housing options exist.

### **2. Operationalize a Coordinated Outreach Model**

Currently, collaboration and coordination of outreach services by various community organizations happens more informally, resulting in sporadic examples of coordinated services that rely entirely on informal relationships.

A more concerted effort is needed to identify these activities, evaluate them and if effective, formalize the model across the North Shore. A model for coordinated outreach should have some of the following elements:

- A central hub (virtual or physical – potentially the Seniors Coalition itself) where outreach service ideas will be vetted first, providing a central location where such program ideas can be referred to existing duplicate programs or linked to complimentary resources;
- A community or location centered lens on outreach services, not organization-centered lens; and
- A central coordinator for outreach services that is not an organization or community centre. To be fully effective, this coordination function needs to occur externally from organizations providing outreach, with the main focus being the coordination of various services, not the running of them.

### **3. Spend Focused Attention On Volunteer Programs For Outreach Services**

The quality and consistency of volunteer-driven programs are particularly important when dealing with volunteers in one-to-one roles. Given the shifting needs and interests of volunteers (which is also recommended to be further studied), outreach programs are particularly at risk for a decline in service, effectiveness, and sustainability. This is particularly the case with the trend towards more episodic

volunteering, which is counter to the needs of one-to-one outreach volunteer roles that are most effective with consistent and long-term volunteers.

Potential areas of focus:

- Have volunteer coordinators gather and collaborate on defining types and characteristics of volunteers for their programs and the process of matching them to the needs of seniors;
- Review and contemplate efficiencies and collaborations around recruitment, training, and requirements for volunteers such as criminal record checks;
- Consider how volunteers can be trained and play a part in the delivery of currently unmet service needs, such as self-care, pain management, fiscal coaching, caregivers support, etc.; and
- Consider how more seniors can be encouraged to utilize more outreach services.



## **Analysis Category: Commercial Centres**

For the *Seniors In Communities Mapping Project*, there was an interest in mapping where commercial centres exist compared to where the 85+ population is.

### ***Mapping Information***

The following information was collected for mapping purposes:

- The definition of commercial centres are: access to a bank, grocery and pharmacy services within close proximity of one another; and
- Bowen Island and Lions Bay are not included in this analysis category.

### ***Map Produced***

The following maps were created:

- Concentration of seniors 85+ with the location of commercial centres (bank, grocery, and pharmacy within close proximity)

### ***General Observations***

The following is a summary of observations that informed the analysis:

- Fourteen commercial centres are mapped on the North Shore;
- West of Dunderave, there are no commercial centres until Caulfeild;
- In the rest of West Vancouver, commercial centres are not found north of Marine Drive;
- In North Vancouver, three commercial centres are mapped above the highway in Edgemont Village, Westview and Lynn Valley;
- In North Vancouver, a number of commercial centres are mapped below the highway between Lions Gate Bridge and the Second Narrows/Ironworkers' Memorial Bridge, i.e. in Norgate, Lonsdale Ave., Lonsdale Quay, Park and Tilford, etc.; and
- There is a commercial centre in the east area of North Vancouver, east of the Second Narrows/Ironworkers' Memorial Bridge, but the next easterly commercial centre is a long distance away, located at Parkgate.

## ***Context and Analysis from the Mapping and Facilitation Sessions***

### Gaps Observed

This mapping project demonstrates that a large number of 85+ seniors living in areas such as Maplewood, Blueridge, Deep Cove, Lower Caulfeild, the British Properties and other areas whereby accessing a commercial centre is not within close proximity to these residential niches.

### Re-Zoning and Proximity to Commercial Centres

Community support is required for the creation and/or rezoning of single-home residential areas to form higher density housing options such as townhouses and apartments so that seniors can be close to amenities and still live in their neighbourhoods. This planning concept potentially supports seniors who would like to continue living in their neighbourhoods as opposed to re-locating to areas on the North Shore that are already high-density areas, such as lower Lonsdale or lower Ambleside. Without the creation and/or rezoning options, many seniors move outside of the North Shore to gain access to housing options that are more affordable and close to amenities.

### Commercial Centres, Health Services, and Transportation

The mapping project demonstrates a relationship with the location of commercial centres and the location of health services on the North Shore. Clearly, if frail seniors are faced with increased complexities in gaining access to groceries, banking services and pharmaceutical products they will also be faced with gaining access to health services.

Frail seniors may have medical issues requiring medications/prescriptions that add to the complexity of their daily life. Further, they may require trips to a commercial centre or health service location fairly regularly. Transportation becomes a larger factor in that senior's daily life, especially if he/she does not drive. Potentially, there is an increase of dependence on family and friends, or possibly on alternate transportation such HandyDART and other community programs that provide transportation support to seniors.

This may be fine if the senior's sole challenges in gaining access to services are ONLY mobility related. However, if the senior has cognitive challenges (the challenge may be medically-base, addictions related, mental health oriented, etc.) he or she may not have the cognitive aptitude to coordinate these services.

## ***Recommendations for Further Investigation***

### Poll Younger Seniors To Forecast Impacts of Isolation From Commercial Centres

Further investigation is recommended for learning about the risks involved for seniors living in areas removed from Commercial Centres. Polling 65+ seniors will help determine the factors contributing to risks for: social isolation, the expected challenges for those planning to live in their current neighbourhoods that are removed from commercial centres.

## ***Recommendations for the Seniors Coalition***

### 1. Advocate for Higher Density Housing Options On the North Shore

Aging seniors most often need to be close to commercial centres, health services and other amenities. A designated group from the Seniors Coalition should form to formally advocate the need for higher density housing options to the City of North Vancouver, the District of North Vancouver and the District of West Vancouver – in close proximity to the commercial centres identified by the project map produced. A push for higher density housing options relates to the aging seniors needing to be close to commercial centres, health services and other amenities. Part of the role of the Seniors Coalitions is educating community members about the needs of seniors in their community.

### 2. Augment Targeted Communications For Seniors 85+

Given the benefits of the mapping project, the Seniors Coalition may consider a communication plan targeting at-risk seniors living in residential areas removed geographically from commercial centres. The idea *could be* to create a flyer with services from a variety of service providers on the North Shore with information pertaining to seniors who may spend significant amounts of time isolated in their homes. Relevant services for the flyer could highlight: “Shop by Phone”, grocery delivery programs (Stongs, IGA and Safeway), HandyDART information, North Shore Volunteers for Seniors, and other volunteer services that have an in-home component (i.e. seniors peer support, friendly visitor or those that help assist seniors in attending outreach support programs who otherwise may not be able to attend them) and other programs and services geared to reach out to seniors in their homes.

This Communication Plan / flyer would help those seniors who may not be aware of community services, the Green Book, Information Lines, but if this information was brought to their front door (i.e. perhaps through a partnership with the North Shore News or Outlook) relevant programs and services may increase in utilization amongst the seniors who are at risk for health and social isolation and less able to cope with environmental stressors.

Why a Communication Plan? Agencies that provide services to seniors on the North Shore agree that many seniors face barriers that prevent them from using available services or they may not be aware of available services from which they stand to benefit. One barrier for a senior is the geographical distance from commercial centres and other social, health and recreational programs that exist. Many older seniors live alone on lower incomes with health and mobility issues. The expense of getting a communication plan that is reader friendly in large, bold print that arrives in a 85+ senior's (geographically isolated) home may be an effective way of bringing a spectrum of relevant services to his/her doorstep. This is a link for the under connected and socially isolated seniors.

Recommended Cost-Sharing: There is a cost associated with a communication plan of this kind; the main costs are the print and circulation. Given that a number of agencies and service providers may be involved, the cost could be shared. Seeking sponsorship, such as a private care home, might be considered to offset costs.

## Overarching Recommendations

Analysis and recommendations were done as well as presented in this report in seven analysis categories. Reviewed together, common themes emerged and recommendations were repeated in multiple analysis categories. This section presents some of these crosscutting recommendations and analysis in order to provide a more holistic view of the project.

### ***Identify A Seniors Advocate Position On the North Shore***

The emerging theme of this project (even before the maps, analysis and recommendations) was one of collaboration amongst community organizations and the need to better connect seniors to these services. Many times during the facilitated sessions, the need for a Seniors Advocate arose to serve these purposes.

In order to truly support at-risk seniors on the North Shore, it is recommended that a Seniors Advocate position is created. This position would focus on at-risk, frail, isolated seniors and work *holistically* with all North Shore service agencies, Vancouver Coastal Health and the North Shore Municipalities to leverage all possible support for the most at-risk seniors.

#### Description of the Position

The Seniors Advocate staff person would formally and proactively connect seniors who are at-risk with relevant resources. The senior may have recently had a significant medical/health/life change that has, in turn, significantly impacted their level of independence. For example, returning 'home' may no longer be a viable option as the senior may have become increasing frail and less able to cope with their health status.

A Seniors Advocate for the North Shore would have a role description to:

- Facilitate community services and programs for at-risk seniors;
- Connect with at-risk seniors who are at LGH (referred out by the geriatrics nurse), NSNH Food Banks, emergency shelters, mental health programs, addiction programs, etc., to offer them relevant support;
- Act as a connection point for service-providers on the North Shore who offer programs for at-risk seniors;
- Investigate seniors who are geographically isolated (through word-of-mouth, geriatric nurse referrals, referrals from neighbours, community members, service providers) and connect with them in their home;

- Facilitate an opportunity for community services to commence for the at-risk senior when there is a heightened risk for negative health, social, emotional and isolating risks that could potentially harm the senior; and
- Reduce the outcome of at-risk seniors falling through the cracks because the senior is unable to advocate for him/herself.

#### Recommended Resource Requirements

To be operationally functional, the position requires a travel budget/component to successfully serve the community. This position could be funded and hosted by one organization and possibly ‘housed’ in the community.

### ***Re-zoning To Encourage Aging In Place***

Both the commercial centres and the health services analysis recommended that North Shore municipalities consider re-zoning particular areas for high density housing options where there is closer proximity to services important for seniors 85+ .

Conversely, it is challenging for many North Shore seniors to age in place – meaning the ability for seniors to continue living in their neighbourhoods for as long as possible. There are geographical areas of the North Shore that are removed from commercial centres, health services and non-profit/municipal programs and services (for example, the Blueridge area and the British Properties). Community support for planning concepts that encourage higher-density housing options, such as townhouses and apartments and small ‘villages’ within what has historically been detached housing residences will allow seniors to live in their communities, and encourage new commercial centres and multi-service health nodes to emerge in these areas. A designated group from the Seniors Coalition should form to formally advocate and educate the community on the need for higher density housing options.

### ***Transportation and Seniors 85 Years and Older***

Transportation complexities create barriers for fragile 85+ seniors – far more so than with younger seniors. These complexities combined with the challenging terrain of the North Shore makes current specialized transportation options such as HandyDart or the Go Bus less useful for seniors 85+ .

Part of the crosscutting recommendations on transportation and seniors 85+ is on establishing or evolving seniors transportation options to better suit their unique needs. The other part of this recommendation theme around transportation is to better plan

programming and services to be provided closer to where seniors live. These recommendations are found throughout the report, particularly in the *Home and Outreach Support* section as well as the *Information, Recreation, and Social Services* section.

### Existing Services

The facilitated sessions uncovered a handful of initiatives to improve transit services for seniors. Although these initiatives should be monitored, the complexities of aging (including the cognitive ability to utilize transit services) prohibit many seniors 85+ from being able to benefit from these improvements.

In terms of existing services, for example there is HandyDART, transportation for disabled persons who are unable to use public transportation. As the North Shore population ages at an alarming rate, will HandyDART be able to support all disabled persons in the next 5 years? 10 years? The demographic fact of population aging and the need to seniors may impact other programs, like HandyDART in a profound way.

### Augmenting Driving Programs to Ensure Effectiveness for Seniors 85+

Given the complexity of acquiring more and more medical issues that significantly impact the life of seniors who are 85+, a recommendation is to augment existing volunteer driver programs (i.e. Seniors' Hub and North Shore Volunteers for Seniors provide such driving programs) to help seniors get to and from medical appointments.

The sustainability of a volunteer-lead driving program will need to be explored given the changing trends in volunteerism already identified throughout this report, but the need for a more one-on-one driving services for frail seniors 85+ is definitely needed, particularly one that is sensitive to declining cognitive abilities of clients and supporting around scheduling and booking of transportation

## ***Trust and Services for Seniors***

Relationship building and trust building with fragile seniors is very important in engaging them in services. Particularly through the facilitated sessions, it was clear that lack of trust is the main barrier for utilizing services and programs targeted for them.

This is a key theme to note, given the number of potential new programs and services identified through the recommendations in this report. As organizations in the Seniors Coalition begin to unbundle the recommendations and plan on moving any of them

forward, the notion of building, rebuilding, or strengthening trust between client and service is paramount.

### Transferring Trust

For some long-time users of services, strong relationships of trust already exist between programs/services and their senior clients. Similar trusting relationships exist between seniors and specific leaders in the community as well. As frail seniors begin to need more and more services, there needs to be an effective way to transfer trust between services and programs. A task group of the Seniors Coalition should review areas such as the referral process between services or the collaboration amongst organizations with that perspective in mind in order to come up with concrete recommendations in this regard.

A related observation was the effectiveness of having an increasing number of outreach programs send staff members to programs such as food banks and emergency shelters, as this is a very effective way to reach seniors who need help but want to know who is helping them and/or are resistant to engaging in services. By going to where seniors are already comfortable using services, it begins to build a bond/relationship to a new service, but in the context of a program they currently trust and use.

### Volunteer Turnover and Trust

An emerging problem with programs run by volunteers is that volunteer turnover is on the rise and relationships and bonds between a senior client and a volunteer are harder to achieve and sustain.

The role of a Seniors Advocate may be a vehicle to build trust and address the issue of consistency as it relates to trust.

## ***Polling and Market Research***

Much of the challenging aspects of this project have been around using quantitative data (such as census information) to develop more qualitative analysis and recommendations. Much of the qualitative information of interest, including the prevalence of family caregivers, the location and numbers of isolated seniors, opinions to current services, forecasting of services that future frail seniors may want, may be more effectively gathered using more market-driven research tools, such as polls or market research.

In many ways, community organizations looking for information to better tailor services to seniors is no different from any company investing in some market research to



determine if their new product has an adequate market of consumers. As the Seniors Coalition gathers resources and funding to do further research, it should consider exploring contracting with a market research firm to conduct some targeted polling/research. Such tools can provide the qualitative colour that most organizations are interested in, as well as extrapolate the needed quantitative information from the random sample.

## **Appendix A: Complete List of Maps Analyzed**

PDFs of the maps are available online at [www.nscr.bc.ca](http://www.nscr.bc.ca).

### ***Demographics and Location Maps***

1. North Shore neighbourhoods
2. Concentrations of seniors 85+ in the North Shore
3. Concentrations of women 85+ in the North Shore
4. Concentrations of men 85+ in the North Shore

### ***Housing Maps***

5. Concentration of seniors 85+ with the location housing facilities (West North Shore sub-map)
6. Concentration of seniors 85+ with the location housing facilities (Central North Shore sub-map)
7. Concentration of seniors 85+ with the location housing facilities (East North Shore sub-map)

### ***Health Services Maps***

8. Concentration of seniors 85+ with the location of health services (West North Shore sub-map)
9. Concentration of seniors 85+ with the location of health services (Central North Shore sub-map)
10. Concentration of seniors 85+ with the location of health services (East North Shore sub-map)

### ***Information, Recreation, and Social Services Maps***

11. Concentration of seniors 85+ with the location of information and support programs
12. Concentration of seniors 85+ with the location of community and recreation centres

### ***Lions Gate Hospital Emergency Department Visits Maps***

13. Concentration of seniors 85+ with the location of emergency services
14. Concentration of seniors 85+ with the originating location (by postal code) of emergency room clients (West North Shore sub-map)

15. Concentration of seniors 85+ with the originating location (by postal code) of emergency room clients (Central North Shore sub-map)
16. Concentration of seniors 85+ with the originating location (by postal code) of emergency room clients (East North Shore sub-map)

### ***Home and Outreach Support Maps***

17. Concentration of seniors 85+ with the location of clients (by postal code) receiving outreach support from community agencies
18. Concentration of seniors 85+ receiving home support from Vancouver Coastal Health
19. Concentration of seniors 85+ with the location of clients (by postal code) receiving outreach support from community agencies, and also with the originating location (by postal code) of emergency room clients

### ***Commercial Centres Map***

20. Concentration of seniors 85+ with the location of commercial centres (bank, grocery, and pharmacy within close proximity)