

# **Seniors' Human Resource Research Study Report**

**an initiative of:**



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Report prepared by  
Margie Lewis B.A.C.S.  
Seniors' Human Resource Researcher

Long Range Regional Economic  
Development Board  
35 Carolina Avenue  
Stephenville, NL A2N 3P8

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## 1.0 EXECUTIVE SUMMARY

This report documents the work carried out by the Seniors' Human Resource Researcher for the Long Range Regional Economic Development Board (Zone 9), under the guidance of a steering committee comprised of representatives from local public and private stakeholder groups. The Seniors' Human Resource Research study was a six month research project carried out between January 10, 2005 and June 10, 2005.

This report examines the seniors' care sector and will help determine opportunities, challenges and gaps associated with the provision of care to seniors in economic Zone 9 and identify opportunities in the seniors' care sector. The information provided will help the Long Range Regional Economic Development Board determine the most relevant 'go forward' strategy for the senior's care sector in Zone 9. Furthermore, this document will help identify changes that need to be made in development and delivery of services to seniors to ensure that seniors have the necessary and appropriate supports for independent living.

### *Report Contents*

Section one contains the Executive Summary which is an overview of the report contents. Section two of this report contains background information on the Seniors Human Resource Research study. It outlines the purpose for conducting the study and the objectives around which the research activities were focused. Section three outlines the methodology used to conduct the research study and mentions the limitations of the research. Section three also describes the following five overlapping phases of the research study:

- Phase I: Preparation
- Phase II: Literature Review
- Phase III: Design and Development of Research activities
- Phase IV: Implementation of Research Design
- Phase V: Input, Analysis and Report

Section four contains an introduction to the research study, demographic information and a description of the seniors' care sector. Section five is the main section of the report. It outlines the findings of all of the research activities, including the seniors focus groups and interviews, caregiver focus groups, and key

informant interviews. The final section of the report sums up the gaps that were identified during the research process and presents solutions and recommendations for review and consideration.

In this study, focus groups and interviews were held with 80 persons aged 55 and over and also with 24 caregivers who provide care for seniors. In conjunction, detailed interviews were conducted with 43 key individuals who provide service and/or care for seniors in the Long Range Economic Zone. The questions which were asked have been included in the Findings section.

***Key points stressed in public consultations include the following:***

- Recreation and leisure are very important aspects of aging. Being able to partake in activities contributes to seniors well-being and independence. There is a lack of recreational opportunities for seniors in most of the communities located in Zone 9.
- Mobility is a major contributor to seniors' quality of life and independence as it provides access to programs and services including recreation, medical appointments, hospital, shopping and drug delivery or pick-up. One of the major concerns of participants is that there is a lack of affordable, accessible and available transportation for seniors in most communities located in Zone 9.
- In-home and community services enable older people to live at home or in their communities longer. There is a lack of affordable, accessible and available support services in most communities.
- The majority of seniors in Zone 9 live in their own homes and would like to remain there. Often homes do not meet the needs of the senior and are structurally unsuitable and costly to maintain.
- Seniors feel that their concerns are not being heard and therefore feel their opinions are not respected. There is no adequate mechanism for seniors to voice their issues and concerns.

- Seniors are concerned about living in a safe environment. A major concern for seniors who have medical conditions is the lack of support during night-time hours which reduces their feelings of security because they fear falling or having accidents while alone.
- Health and health care services are vital to enabling aging adults to remain at home and in their own communities, however, most seniors feel the current medical services are not meeting their needs.
- Family and community support is crucial to helping seniors remain in their own homes and communities for longer periods of time. However, a number of demographic changes has led to a lack of family and community support networks for seniors and for caregivers.
- Myths about aging and stereotypes perpetuate attitudes towards seniors that are based on information that is relatively incorrect. There are insufficient efforts to address this problem.
- Research indicates that there is going to be an increased demand for services by future seniors, widely known as the “Baby Boomers”.
- It is the perception of participants that government policies (all levels) often do not meet the needs of seniors.
- Most seniors are not aware of education opportunities which are available and there is a lack of educational opportunities for seniors in Zone 9.
- Most community economies in Zone 9 are not driven by industry but rather by small businesses, as well employment levels are low. Slow economies lead to loss of population which reduces support networks available to seniors. Participants expressed that lack of employment opportunity makes it difficult for seniors to remain at home and in their own communities.
- There is limited appropriate and creative promotion and information available to seniors, family members and caregivers related to services and products that can and are being provided for seniors.



- Most seniors lack education in new technologies and as a result seniors are not aware of the benefits of technology and most do not use services such as telephone banking and Internet which allow seniors to be more independent.
- Some seniors do not access many services which increase independence, such as homecare. Most study participants identified lack of financial resources as the reason why seniors do not access such services.
- Aging involves normal age-related changes that impact on the level of interest, mobility and independence of seniors.

**Major Conclusion and Recommendation:** For many seniors, support services such as snow clearing, housekeeping, and personal care are the services most needed to help seniors stay at home and in their own communities for longer periods of time, however services are not always available, accessible or affordable. In many rural Newfoundland communities, there are serious challenges and gaps to providing services to seniors. These challenges and gaps become barriers that keep some people without access to much needed services. The removal of these barriers will enable Zone 9 to capitalize on the economic and social benefits of an aging population. Research suggests that the most effective long-term approach to helping seniors maintain independence as long as possible in their own homes is to focus on engaging communities to maximize the options for independence of its older citizens through providing community supports, training and development of seniors and of caregivers both paid and non-paid.

## **2.0 BACKGROUND**

During the 2004 planning session, the Long Range Regional Economic Development Board identified provision of services for seniors as one of its social and economic objectives. As a result, an exploratory study of the seniors' care sector was determined as the means to meet this objective. On January 10, 2005 a Seniors' Human Resource Researcher was hired to carry out this study (See Appendix "A").

By conducting this study, the Long Range Regional Economic Development Board will take a closer look at the implications of aging on the seniors' care sector. This study seeks to determine how Zone 9 can better coordinate resources to create strategies to improve and or expand the seniors' care sector which will enhance community environments where seniors can remain in their own home. The study will prepare information which will result in a comprehensive data base of opportunities in the seniors' care sector and will help determine challenges and gaps associated with the provision of care to seniors in economic Zone 9. It is felt that the challenges, gaps and the increasing demand for services can translate into opportunities for business, workers, caregivers and volunteers in our communities.

This research can lead to an expansion of the available options and improve development of initiatives to enable older people to live at home or in their communities longer. Therefore, the research will help the Long Range Regional Economic Development Board and community stakeholders set direction and enable the creation of a "go forward strategy" for the seniors's care sector in Zone 9.

## **2.1 Objectives**

The main objectives of the study are to:

1. Identify human resource issues that need to be addressed to facilitate expansion and employment opportunities in the development of the seniors' sector;
2. Gather all human resource and senior statistical information for Zone 9;
3. Identify both barriers and advantages to employment related to the seniors' care sector;
4. Identify basic care needs of seniors and how basic care can be expanded;
5. Identify human resources, opportunities and training currently available and what will be required.

## **3.0 METHODOLOGY**

The following section outlines the methodology used to complete this Seniors' Human Resource Research Study. The key findings for each methodology used is provided in subsequent sections of this Report.

### **3.1 Research Design**

The study carried out was divided into the five overlapping phases listed below.

Phase I: Preparation

Phase II: Literature Review

Phase III: Design and Development of Research activities

Phase IV: Implementation of Research Design

Phase V: Input, Analysis and Report

### **3.1 (A)      *Phase I - Preparation***

One of the first activities undertaken by the Seniors' Human Resource Researcher was to network within the community to find contacts who could act as resource people for the project. It was felt that since the final product would be made available to the community, the research study should be premised on the involvement of community members. Stakeholder groups in the community were contacted and asked to identify community resource people. These people were then contacted. As a result, a steering committee comprised of local public and private stakeholder group representatives guided the Seniors' Human Resource Research study. Although committee members come from different backgrounds and range in expertise, each has a vested interest in the provision of care to seniors. The committee was charged with guiding the Seniors' Human Resource Researcher in developing the research study plan (See Appendix "B" for the Senior's Human Resource Steering Committee Terms of Reference).

#### **Seniors' Human Resource Research Study Steering Committee Members:**

- Sean Hillier:** Long Range Regional Economic Development Board member, Chairperson of committee and Social Worker for H.C.S.W.
- Anne Doyle :** Director of Nursing and Site Coordinator for the Bay St. George Long Term Care Center
- Sharon McLennon:** Business Development Coordinator, Corporate Services for the College of the North Atlantic.
- Gloria Rouzes:** H.C.S.W., Public Health/Continuing Care Nurse
- Lorna Carter:** Supervisor, Tender Loving Care Nursing Services
- Arthur Gale:** President of Stephenville Senior Citizens Club
- Keely McIntosh:** Community Representative and Project Volunteer
- Dr. Mehrul Hasnain:** Psychiatrist, specializing in geriatric psychiatry, H.C.S.W., Mental Health.
- Johnny MacPherson:** Executive Director, Long Range Regional Economic Development Board
- Roger Hulan:** Economic Development Officer, Long Range Regional Economic Development Board
- Margie Lewis:** Seniors' Human Resource Researcher, Long Range Regional Economic Development Board

## **Project Work-Plan**

The first task was to design an overall plan for the research study. The researcher contacted various community members who are researchers and educators with whom many discussions took place on how to conduct the research study, what should be the target group, how to sample the population and what important aspects should be covered in the study. With this guidance, a review of research methodologies was made to determine the most appropriate research strategy and methods.

The consultations and evaluation of research methods helped in devising a tentative work plan which was submitted to the Zone Board's Executive Director, Mr. Johnny MacPherson, for review and recommendation. In the initial consultations with Mr. MacPherson, it was recognized that the work plan was pretty comprehensive and would require more than the six (6) months allotted to the project if it were to be completed as written. An estimated time-line of one (1) year was suggested. In light of this, it was decided that the Steering Committee would be consulted next to review the work plan and to evaluate it for appropriateness in consideration of the scope of and the type of research that was required.

The Steering Committee members were presented with the tentative work plan that was developed by the Seniors' Human Resource Researcher. Committee members were asked to consider the scope of the work plan and determine priority areas which would be worked on first to enable the Seniors' Human Resource Researcher to meet contract obligations (See Appendix "B" for work plan). The steering committee determined that the nature of the study required the approach that was suggested and agreed that each proposed step in the work plan was necessary.

It was found that a scientific method using qualitative and quantitative methods, and in particular a participatory research approach was the most appropriate method to use because of the community-based nature of the project. By using a scientific method, the Zone Board will be insured of objectivity and consistency in the project. The participatory approach would help in creating an interactive process involving the voices of people who have direct experience with aging or with aging populations. This approach is also consistent with the values, goals and objectives of the Long Range Regional Economic Development Board.

By using this method, study participants would help define the research. This approach would increase the effectiveness of the research and allow the work plan to act as a guide, enabling the study design to be adaptable if corrective measures were necessary. As well, such an approach would enrich the understanding of the realities of aging and increase the voice of seniors in the Zone.

Next, each of the project phases was carefully considered. It was originally discussed whether the first part of the study would be to carry out the seniors' surveys in the communities. After consultations and discussions, it was decided that in order for the seniors' survey to be developed it would be necessary to conduct a literature review to gain a foundation of the issues and needs of the senior population. As well, to determine gaps in service provision to seniors, it would be necessary to find out what services exist. This could be accomplished better by asking the service provider his/her self. After this discussion, it was agreed that a literature review would be necessary, and as well, a priority would be to conduct interviews with key service and care providers before any consultations could begin with seniors in the Zone.

### ***Major Activities***

The following are the major activities determined necessary for data collection:

- Review of reports, documents, statistics and other literature
- Interviews with service groups, seniors and caregivers
- Focus Group Discussions with seniors and caregivers
- Mini-Workshop

### ***3.1 (B) Phase II -Literature Discussion***

A literature review was undertaken on a range of materials relevant to the Seniors' Human Resource Research study. The objective of the literature review was to scan current research for background and discussion information and perspectives on issues associated with aging and the provision of care to seniors. The literature also provided a backdrop and context for the study, helped in framing the research, and in providing a rationale for research design and methods.

Various methods were used to gather research and sources included journal and article databases, newspaper, periodicals, magazines and the Internet. As well, government offices, senior's agencies and organizations and other groups were contacted for resource materials. The bibliography and reference lists of all literature obtained was also used to gather other sources of written materials. The Seniors' Human Resource Researcher sought documents primarily pertaining to Zone 9. Unfortunately, very little research was available that were specifically targeted to Zone 9, however, many provincial, national and international documents can be adapted to the objectives of this research.

Specifically, the literature was examined to determine challenges facing seniors as they age, the provision of services, trends in the senior care sector and human resource issues faced by workers who provide care to seniors. The information gathered was used to guide primary research activities of the Senior's Human Resource Research project, most notably the interview questions. The literature search involved the following steps:

- Development of keywords and search strategies (See Appendix "C").
- On-line searches of databases for potentially relevant articles
- Screening of abstracts to identify studies for further review
- Review of reference sections of selected articles, books, and reports for additional, potentially useful studies

The literature review revealed that there are a sufficient number of factors to be considered for seniors living in rural communities who want to remain as independent as possible. Some of the prevalent themes regarding challenges for seniors include issues around:

- Health & Wellness
- Housing
- Financial security
- Work/Retirement
- Transportation
- Civic Engagement
- Caregivers and Family support
- Education of Seniors

These themes were considered significant and provided a foundation for the research questions which would be asked in the study.

The Seniors Human Resource Researcher also reviewed literature for demographic information and as well, the population statistics for Zone 9 were gathered for each community which would be used to determine the sample population for a seniors' survey (See Appendix "D", Community List and Population Breakdown).

### **3.1 ©) *Phase III - Design and Development of Research Activities***

In keeping with using a participatory research approach, it was determined that qualitative research methods would be used to collect data for the project, rather than focusing on collecting numbers and statistics. Qualitative methods would allow the researcher to focus on understanding the perspective of those who would be contacted for the study.

The Steering Committee planned to use the following research tools to gather data for the study: Key informant interviews, focus groups, a seniors' survey, and a mini-workshop which would be used to present findings to the public and to gather public input on recommendations to be made to the Zonal Board.

#### Key Informant Interviews

Key informant interview questions were designed to determine where the gaps in services to seniors exist and to determine Human Resource issues related to the provision of care services. Key informants were determined to be service and care providers in Zone 9. Key service and care providers include:

Seniors Club Presidents	Municipality and Government Officials
Health Professionals/ Health Agency Reps	Community Leaders & Stakeholder
Private Sector Agency Reps Serving Seniors	Organization Reps
Caregivers (paid and unpaid)	Post-Secondary Education Reps



The key informant interview plan involved the following steps (Appendix “E”):

- Determine key informants and create a list. Obtain initial contacts from steering committee members and use snowball sampling to determine who else should be interviewed. Determine the number of people to interview.
- Write introductory letter - telephone and mail request for participation.
- Write cover letter and create key informant information request form.
- Write cover form for telephone/face-to-face and self-administered survey.
- Develop key informant interview questions - generate a generic questionnaire and then add specific questions for each key informant group:
  - ▶ First determine sub-topics
  - ▶ Determine format for questions (open/closed questions, scaled)
  - ▶ Write questions for each sub-topic
  - ▶ Determine order of questions
  - ▶ Design questionnaire layout
  - ▶ Evaluate questionnaire to see if it will provide the information needed.
  - ▶ Pre-test the questionnaire - focus group with steering committee and key informants in the community.

## **Determining the sample**

Snowball sampling was used to determine who to interview. Each of the steering committee members provided contact information for people in the community who should be interviewed first. Each of these key informants were asked to fill out an information request form which provided information on the services of the interviewee, the role they play in the provision of care services to seniors as well as names of people who should be interviewed for the research. Approximately 100 names had been submitted, and these were grouped and coded. Although there were approximately 100 names, the committee decided to try to get at least five people from each group to participate in the interviews. A ceiling of 60 interviews was considered to be sufficient to gather the necessary data.

Eleven students from the Healthy Aging class and three (3) Community Development students from the College of the North Atlantic volunteered to conduct some of the interviews. Because of the involvement of the students, it was necessary to develop an interview protocol so that every interview would be conducted in the same manner, using the same introduction and so on (See Appendix “F”, Service/ and Care Provider Documents). Also, key service and care providers were assigned ID codes which were used for coding results. The identity of the interviewee was known to the researchers, however those doing analysis did not have access to the ID codes or interview contact list.

### Focus Groups

It was determined that focus group sessions with seniors and caregivers would be held in each of the four areas of the Zone. Seniors Clubs in the communities would be asked to host the focus groups. A protocol was developed for the focus groups and this format would be used to keep all focus groups consistent (See Appendix “F”, Focus Group Documents).

### Workshop

The steering committee decided it would be necessary to hold a workshop and to invite participants from each of the four areas of Zone 9 to look at training and employment solutions. Representatives from post-secondary institutions, local agencies, municipalities, development groups and other stakeholders would be invited to attend. A list of 50 individuals was created. An invitation was developed which would be sent out to everyone on the list. The information gathered from all of the research tools would be presented to the participants during the workshop. Following the presentation participants would be asked to consider the gaps that were identified and determine opportunities for removing those gaps (See Appendix “G” for invitation and presentation).

### Seniors Survey

Initially the steering committee focused on the development of a Zone 9 Seniors Survey. However, it was determined that the literature review and public consultations would need to be given priority if a survey was to be developed. Information gathered through a literature review, key informant interviews and focus groups would be key to having a viable foundation of information which would be needed to develop survey questions that were meaningful. As well, limited resources and time constraints were barriers to conducting a survey of the scope necessary to be an effective means of gathering data. As a result a survey of Zone 9 seniors was not developed or carried out. Nevertheless, preliminary work on conducting a Zone 9 seniors survey had been done. It has been determined that it would be necessary to survey seniors in each of the 53 communities in the Zone because of the diverse nature of the communities within Zone 9's boundaries. Consequently, the sample population for the Seniors' Survey was determined to be 257. It was estimated that it would take approximately 4-5 months to complete these surveys door-to-door (See Appendix "D").

Ethical considerations were also discussed. Government officials were contacted to determine if there is a provincial body who conducts ethics reviews of research. It was discovered that there is no provincial body who is charged with this task. The steering committee contacted the College of the North Atlantic and Sir Wilfred Grenfell College to determine if the Zone Board can have use of their Ethic Review Committee, as well Dorris Hancock from the Rural Secretariat offered to review the seniors' survey if a review was not available through the post-secondary institutions contacted. It is felt that an ethical review would help draw conclusions about the study during analysis with a minimum of bias and promote reliability and validity of the study.

### **3.1 (D)      *Phase IV - Implementation of Research Design***

#### Key Informant Interviews

Key informant interview were held with 35 individuals in Zone 9. Eight (8) other key informants were interviewed during the pre-test period. The purpose of these interviews was to determine gaps that exist in service delivery to seniors and to determine opportunities and challenges to expanding the seniors' care sector. Interviews were conducted by the Seniors Human Resource Researcher and students from the College of the North Atlantic. Although not a preference for the researcher, some service providers opted to complete the survey themselves rather than commit to a two hour interview. In total 48 people were contacted out of a possible 100 names that were gathered through snowball sampling. Participants were contacted between February and March 2005. Interviews took place between March and mid April, 2005. The interviews were conducted with seniors club presidents, health professionals, health agency representatives, private sector agency representatives, paid and unpaid caregivers, municipality and government officials, community leaders and other stakeholders. A total of 43 interviews were completed. Key informants were assigned ID codes to protect their identities. The identity of the interviewee was known to the person who conducted the interview, however those doing analysis did not have access to the ID codes or interview contact list. Results of these interviews can be found in the **Findings** section of this report.

#### Focus Groups

Nine (9) focus groups were held with seniors in 8 of the communities in the Zone. There were also 12 in-home interviews with seniors who were unable to attend the focus groups in their area. The focus group questions were used for these interviews. In addition to the seniors focus groups, three caregivers focus groups were held and there was one caregiver interview. Seniors clubs in the communities hosted the focus groups and provided refreshments. The focus group protocol was used for each discussion. Each session was two hours long and the discussion was taped and transcribed immediately after the sessions. A total of 80 seniors participated in the seniors focus groups and interviews between April 18 and May 6<sup>th</sup>, 2005. As well, 24 caregivers participated in focus groups and an interview during the same period. All participants

were given the opportunity to provide feedback through a simple evaluation. Results of these focus groups can be found in the **Findings** section of this report.

### Workshop

A mini-workshop was held on May 11, 2005 at the College of the North Atlantic in Stephenville. The purpose of this workshop was to look at training and employment solutions for Zone 9. The workshop was attended by 20 individuals who consisted of representatives from post-secondary institutions, local agencies, municipal members, development groups, Zone 9 Board members and seniors. The information gathered from all of the research tools was presented to the participants and this information provided a foundation for discussion. Following the presentation participants were asked to consider the gaps that were identified and determine opportunities for removing those gaps (See Appendix “H”, Workshop Writeup).

### **3.1 (E)      *Phase V: Input, Analysis and Report***

Following the completion of the interviews and focus groups, the Seniors’ Human Resource Researcher and the steering committee began analysis of the responses. The analysis of data began the last week of April, and all trends were identified by May 16<sup>th</sup> 2005. During the analysis of the focus groups, all participant responses were grouped by area of residence. All caregivers’ responses from Port au Port area (including the interview) were grouped together and were not combined with the group from Stephenville although all but one attended the Stephenville focus groups. An analysis process was created and individual steering committee members were assigned a number of questions to analyze. Analysis of the data involved grouping all responses for each question and recording emerging themes for each question. All emerging themes from the analysis have been documented in the **Findings** section of this report (See Appendix “I” for analysis process). Once all of the trends were defined, the data was analyzed further for common themes among each research activity. These common themes were:

- Recreation and Socialization

- Transportation
- Support Services
- Housing
- Seniors Voices
- Safety
- Medical Services
- Family and Community Support
- Attitudes and Interest
- Future Planning
- Government Role and Policy
- Education and Training
- Industry
- Public Awareness
- Automation and Technology
- Finances and Funding

### **3.2 Limitations of the research**

Both qualitative and quantitative data was collected through the focus groups with seniors and caregivers. Seniors who participated in the focus groups were recruited through radio and newspaper advertising, however, the majority were recruited by senior club presidents. Consequently, the senior population who does not listen to the radio or read the newspaper, or were not affiliated with seniors' clubs may not have had the same opportunity to participate in the study. To encourage diversity of study participants, in-home interviews were used to gather data. Some of these in-home interview participants self-identified in response to advertising, some were identified by service providers, while others were directed by other seniors. Similarly, caregivers who participated in the focus groups also had an opportunity to respond to advertising, however none did. As a result, caregiver agencies were asked to identify possible caregivers to attend the caregiver focus groups. Consequently, there was limited involvement of non-paid family caregivers. Therefore, the study is limited in generalizability.

Study protocols were developed for key informant interviews and focus groups to ensure that each interview and focus group was carried out without as much interviewer bias as possible. The protocols also were used to increase the level of consistency and reliability among interviewers. All questions were pre-tested. Qualitative data was gathered through the key informant interviews and an analysis was done through a team effort by the steering committee members. To be consistent and to eliminate analysis errors among team members, an analysis plan was developed. Each individual was provided with the respondent answers to each question which were grouped and labeled with the respondents ID code. These responses were then reviewed for themes and patterns in the data. The limitation with this however is that although every effort was made to review information to ensure and accurate interpretation of the respondents answers, the analysis was done by individual team members which subjects the results to individual team member bias.

### ***Key Informant Interview Pre-test***

During analysis, the key informant interview pretest responses were incorporated into the responses of the 35 interviews that were carried out so the voices of those who participated in the pre-test were not lost. A consequence of doing this is that there were questions on the final questionnaire that the pre-test interviewees did not have an opportunity to answer and two questions in the pretest which were not included in the final interviews. As a result, calculations of response rates were done only with the respondents who actually had an opportunity to answer the questions. These question were Question 1 (I), Question 2, Question 11, Question 18, and Question 19. To explain further, the pretest group did not have an opportunity to answer Question 1 (I) of the final interview questions. As a result the calculation of responses was based on the 35 possible respondents who answered the question rather than the forty-three who completed the key informant interviews. Responses were calculated this way because otherwise, there would be an increase in the number of no answers for the questions which were not answered by the pre-test participants, thus would reduce the percentage of responses. Therefore taking this into consideration, the actual response rates would have to be slightly higher to be accurate. e.g. Thirty-two people answered Question 1 (I). If responses were calculated using the 35 people who were interviewed, 91% answered this question. Adding the 8 pretests participants who didn't have the question would increase the total of people who could have answered to 43 and reduce the response rate to 74% - a difference of 17%.

## **4.0 INTRODUCTION**

All communities undergo a process of change and evolution. To be successful, communities must have a realistic understanding of challenges, opportunities and gaps that must be addressed to improve potential for future growth and development. The current demographic shift towards an aging population suggests that communities take a close look at the impact of an aging population.

Older people are a significant and growing part of local communities and can be one of the key factors that have tremendous potential to contribute positively to the future of our communities. However, often older persons are faced with many challenges which prevent them from staying in their own homes and communities for longer periods of time. Many older adults require some form of assistance to enable them to remain independent and have an optimal quality of life in their own homes and communities. Such help might be as simple as the provision of laundry services or as complicated as the provision of nursing services.

For many seniors, support services such as snow clearing, housekeeping, and personal care are the services most needed to help seniors stay at home and in their own communities for longer periods of time, however services are not always available, accessible or affordable. In many rural Newfoundland communities, there are serious challenges and gaps to providing services to seniors which become barriers that keep some people without access to much needed services. The removal of these barriers will enable Zone 9 to capitalize on the economic and social benefits of an aging population. Research suggests that the most effective long-term approach to helping seniors maintain independence as long as possible in their own homes is to focus on engaging communities to maximize the options for independence of its older citizens through providing community supports, training and development of seniors and caregivers both paid and non-paid.

### **4.1 Defining the seniors' care sector**



The broad concept of a ‘seniors’ care sector’ is difficult to articulate. This sector encompasses an array of services and supports for seniors ranging from long-term institutional care to home and community-based care. Since there is not a definitive meaning of the concept, for the purpose of this discussion, the seniors’ care sector’ will refer to the community sector, both public and private, which concerns itself with provision of care services, care concerns and issues of seniors. Readers should also note that the literature generally defines a senior as an older adult aged 65 or older. However, throughout this document, ‘senior’ and ‘older adult’ will be used interchangeably and refer to persons aged 55 years or older unless otherwise specified. As well, a Glossary of Terms will be included as Appendix “J” of this report to help define other terminology relating to the concept of senior’s care sector which will be encountered throughout this document.

### ***Public Health***

The province of Newfoundland and Labrador provides health services to all residents under the Canada Health Act and receives financial support through the Canada Health and Social Transfer. The responsibility of community-based care lies with the province who administers the health care system under its Department of Health and Community Services through regional health boards. Prior to 1995, there were 39 health boards in the province. The mid to late 1990s was characterized by many changes to the health care system in Newfoundland and Labrador. Across the province, hospital closures, amalgamation and restructuring of services was extensive, as the provincial government attempted to regionalize the health care system. Regionalization occurred as a means to curb health care expenditures and increased demand for service. (Barrett, Gregory, Way, Kent, MacDonald, Batstone, Doyle, Curtis, Twells, Negrijn, Jelinski, Kraft, O’Reilly, Smith and Parfey, 2003). Regionalization is defined by Barrett, et al (2003) as “a transfer of power and authority from one group to a newly established, or pre-existing organization with responsibilities ” (p. 5). For the province, regionalization constituted a move from a medical model of care, which provided most services in hospital and doctors office settings, to the community (Penning, Roos, and Chappel, Roos and Lin, 2002).

Once regionalization occurred, the number of health boards dwindled drastically. At the time of this writing, Newfoundland and Labrador had 14 health boards including six (6) Regional Institutional Boards, and four (4) Regional Health and Community Service Boards which administer care services, including home, community and facility-based care (Government of Newfoundland and Labrador (A), 2004). Once again

the system is undergoing restructuring as the 14 health boards are being transformed into four (4) Regional Integrated Health Authorities (Government of Newfoundland and Labrador, 2004-A4).

The Long Range Regional Economic Development Zone currently falls under the administrative jurisdiction of two regional health and community service provincial government appointed boards; Western Health Care Corporation, and Health and Community Services Western. Western Health Care Corporation provides hospital and long-term residential services to seniors including short stay admission, meals on wheels, adult day care and seniors supportive housing. Health and Community Service Boards provide a number of services including client assessment, social work services, care planning, case management, nursing care, homemaking, personal and respite care, among other services. Table 1 outlines specific responsibilities for public health services for Western Region.

**Table 1**

<b>Public Health Services for Western Region</b>		
<b>Western Health Care Corporation</b>	<b>Health and Community Services Western</b>	<b>Human Resources that support WHCC and HCSW</b>
<p>Operates Nine (9) facilities including:</p> <p>*Two (2) acute care hospitals including: Sir Thomas Roddick Hospital (Stephenville, 44 acute care beds. Also five district clinics located in DeGrau, Jeffrey's, Lourdes, Stephenville Crossing, and St. George's.)</p> <p>*Four (4) Health Care Centres including: Calder Health Centre (Burgeo, 2 acute care beds, 18 long term care beds, and 1 palliative care bed).</p> <p>*Three (3) Nursing Homes (including Bay St. George Long Term Care - 110 permanent long-term care beds, 4 short stay beds).</p> <p>*(Note remaining facilities do not fall into Zone 9 jurisdiction so are not included in the table)</p>	<p>18 offices and clinics serviced by social workers, nurses and others.</p> <p>Services include:</p> <ul style="list-style-type: none"> <li>nursing care in the home</li> <li>support at home for personal care or homemaking needs</li> <li>health care supplies that may be provided through a Special Assistance Program.</li> <li>Assessment for admission to a Long Term Care facility</li> <li>Assessment for admission to a Personal Care Home.</li> <li>Home Support for Seniors</li> </ul>	<p>Nurses Social Workers Pharmacists Occupational Therapists Physiotherapists Physiotherapy aids</p> <p>Psychologists Lab/x-ray LPN Physicians: Specialists Physicians: General Practitioners Recreation Specialist Recreation Therapists Speech Language Pathologists Audiologists</p> <p>Note * Current human resources data unavailable.</p>

(Government of Newfoundland and Labrador (A), 2001)

## Services available to seniors

Residents of Zone 9 can access a number of services provided by public and private sector agencies designed to help individuals remain as independent as possible. These services include home care, personal care, nursing home, personal care home services and nursing services. In 2001, the total expenditures for health in the Western District was \$189 530 139.00. Institutional care was responsible for 56% of this expense, community-based services 18% and 19% for physicians. Over one half ( $\frac{1}{2}$ ) of the hospital admissions for 2001 were of people 65 years or older (Government of Newfoundland and Labrador, 2004 -A). Sullivan (2000) states that “each year the Canadian government spends an estimated 2 billion on home care, 7 billion on intermediate care institutions and 26 billion on hospitals in Canada” (p.5).

**Primary Health Care:** Every individual in Newfoundland and Labrador has access to health care services in Newfoundland and Labrador. Primary care or basic care, refers to health care that is provided by a health professional on first contact with the health care system for example a first visit to hospital, physician or public health nurse (Department of Health and Community Services website). There were 3,048 visits by visits by individuals aged 65 and over between April 12, 2004 and March 31, 2005 to the Sir Thomas Roddick Hospital emergency department and 227 to Calder Health Care Center emergency department. The number of inpatient cases for this age group at Sir Thomas Roddick Hospital was 538 while the number for Calder Health Care Center was 56. (Source: Meditech, Community Accounts Rs)

**Home Nursing care:** Health and Community Services provides in home nursing care for individuals with mobility difficulties. Experienced Registered Nurses work with physicians and other health care staff to determine nursing care needs. Acute care patients can receive one nursing visit a day, for up to two months depending on need. Nursing visits are also available for chronic/rehabilitation patients who require more than two months of care. Services are provided under doctors orders and are based on referral. Patients must meet defined criteria to receive care (Department of Health and Community Services website).

**Long-term Care - Nursing Home Services:** There are six (6) nursing homes sites in the region. Western Health Care Corporation operates a Long-term Care program which can be accessed by residents living in the community or within an institution. Long term residential care is available to any individual who is unable to continue living in their own home or community. Residents of Long-term care facilities have access to 24 hour nursing care, physiotherapy, occupational therapy, and other services designed to help maintain independence but receive necessary care. Long term care facilities are primarily publicly owned and operated and provide services to persons with high care needs. Level II care refers to individuals requiring two hours of nursing care per 24 hour period. Level III care refers to individuals requiring three hours of

nursing care per 24 hour period. Level IV care refers to individuals requiring on-going care. Applicants are assessed through the Assessment and Placement Single Entry System by a public health nurse or social worker and must undergo a medical and financial assessment before being approved for service. Once approved residents are placed on a waiting list until they can be placed in a Long-term care facility (Health and Community Services website)(Western Health Care Corporation,2004-E).

Nursing Home services in Zone 9 are provided by the Bay St. George Long Term Care Centre in Stephenville Crossing and the Calder Health Care Centre in Burgeo. The monthly rent is \$2800.00. On average, the average monthly income for residents is \$1220.00 and the government subsidizes the remainder if the financial assessment deems the resident is entitled to a subsidy.

A number of other services are provided by the Bay St. George Long Term Care Centre. Each request for service is considered on an individual basis and some services depend upon bed availability and the facilities capacity to meet the demand for services. Clients can access service through referrals or can request services themselves (Health and Community Services website).

Services include:

- **Meals on Wheels:** Hot nutritious meals are provided and delivered to individuals in their own home. This service is provided to help supplement diet for health maintenance and improvement. Clients undergo a needs assessment for this service. The needs assessment determines the amount of time a client can avail of this program. Clients pay \$4.00 per meal for the Meals on Wheels program (Health and Community Services website)(Western Health Care Corporation,2004-F). The Bay St. George Long Term Care Facility Meals on Wheels program supplied 19 recipients a total of 528 meals from January 1 2003 to December 31 2004.
- **Adult Day Support:** (Bay Center) Adult Day Support is provided to individuals living in the community. The program provides a number of supports to seniors. Adult Day Support includes meals, social activities, recreation, and personal care among its services (Health and Community Services website). Clients accessing Adult Day Support pay \$40.00 per month for two days per week. Clients are able to attend up to four days per week and are required to pay an additional charge of \$5.00 per day for each additional day attending(Western Health Care Corporation,2004-C). There were 22 participants in the Adult Day Support program for the period from January 1 2003 to December 31 2004.
- **Social Supportive Housing:** Two types of supportive housing are available to seniors who are capable of independent living; cottage units/apartments and congregate housing (Emile Benoit House)(Health and Community Services website).

*Cottages:* The Bay St. George Long Term Care cottages in Stephenville Crossing has 38 units; 30 two bedroom and 8 single bedroom. There is a current wait list of 10, with 30 precautionary applicants. Wait times are not calculated and therefore are difficult to report. It depends on the rate of vacancy which is also not collected. Residents living in the apartment/cottage units receive snow cleaning, lawn mowing, security, maintenance and repairs. The cost of a one bedroom unit is 25-30% of income and clients are required to pay \$20.00 for utilities and \$10.00 for laundry facilities each month. Rent for two bedroom units is \$440.00 per month. This cost includes heat and lights (Western Health Care Corporation, 2004-B).

*Congregate Housing:* Congregate housing is a combination of group living and private bachelor apartments. Emile Benoit House (Congregate Housing) has 20 units which are bachelor type apartments. Eighteen (18) of those are single units and there are 2 double units. There is also one wheel-chair unit. A waiting list is maintained and applicants are accepted on a first-come, first served basis under normal circumstances. Exceptions are made depending on special circumstances (Western Health Care Corporation, 2004-A). Currently there are 6 applicants on the wait list and it is estimated that the wait time is approximately 9 months. A coordinator works onsite to assist tenants in accessing resources on a needs basis. Rent is subsidized at 25-30% of income and clients pay a monthly fee of \$20.00 for utilities, \$10 for laundry facilities and \$115\$ per month for one meal per day.

- **Short Stay Program:** Seniors can be admitted to a long term care facility for a pre-determined period for specific needs. Reasons for short stays include respite for caregiver, care level and needs assessment, slow paced restorative care following acute care intervention, transitional care for clients transferring between residencies and adult rehabilitative therapy and intervention and emergency care for clients in crisis situations (Health and Community Services website). With the exception of slow paced care, clients are required to pay \$20.00 per day for services. This does not include the cost of medication, transportation or some supplies (Western Health Care Corporation, 2004-D)
- **Home Support:** Home care services are provided at the discretion of each province, however specific clients receive financial support through Veterans Affairs Canada, and the Department of Indian Affairs and Northern Development and Health Canada. (Dumont-Lemasson, Donovan, and Wylie, 2005). Seniors requiring services, but are able to remain in their own home can access home

support services through Health and Community Services or through private agencies. Services include personal care, meal preparation, housekeeping and other services. Seniors are required to pay for home support services, however Health and Community Services can help pay some or all costs for services if the applicant qualifies (Health and Community Services website).

The specific cost of home care to clients could not be determined. Costs depend on the number of hours of support required by the client and the amount they have been assessed for subsidy. However, according to the Government of Canada (2005), “The maximum financial benefit of home support services to seniors (65yrs +) is \$2,707/month” (p.1). As well the “average cost/utilization per month is \$1100. Seniors contribute on average 12% of the financial cost of care.”(p.1) According to Parent and Anderson (1999) these co-payments for home supports can reach a monthly maximum of \$2,000 in Newfoundland. They also indicate that a service limit is in place in Newfoundland so seniors can have a maximum of \$2,268 per month of services, and those who are disabled can have a maximum of \$3, 240. According to Anderson and Parent (1999), “ 80% of care is self-managed care in Newfoundland and 20% through agencies” (p. 57). In Zone 9, home support is provided by Maximum Home Support Services, Tender Loving Care Nursing Services, Veteran Affairs Canada (VAC) and in some areas Victorian Order of Nurses.

*H.C.S.W. Home Support :* According to Mr. Ross Durnford, Regional Community Support Coordinator, Health and Community Services Western, the number of seniors receiving home supports through H.C.S.W. in Zone 9 is 111. These seniors hire privately, not through an agency although some do use agency workers. The number of home care hours per week is approximately 5,088 which is an equivalent of 127.2 full time employees (Durnford, R., personal communications, April 19, 2005).

*Maximum Home Support Services Inc.:* The Seniors’ Human Resource Researcher was unable to obtain any information about the number of workers or number of hours of home care provided by Maximum Home Support Services for Zone 9. According to Puddister (2005) there are “some 116 home care workers employed by Maximum Home Support Services Inc., which operates on the Port au Port Peninsula and in the Corner Brook area.

*Tender Loving Care Nursing Services:* The Seniors' Human Resource Researcher was unable to obtain any information about the number of workers or number of hours of home care provided by Maximum Home Support Services for Zone 9.

*Veterans Affairs Canada Services :* Veterans Affairs Canada (VAC) provides homecare and financial assistance to veterans and spouses under the Veterans Independence Program (VIP). Recipients of War Veteran's Allowance can apply for VIP when they are 65 years of age. Benefits under this program include nursing and personal care, housekeeping, grounds-keeping, home modifications and care in residential facilities or nursing homes (Department of Veterans Affairs Canada website). According to Tom Strong of Veterans Affairs Canada, there are currently 442 clients in Zone 9. Of those, 411 are receiving homecare services through the VIP program. This numbers includes survivors and widows (Strong, T., Department of Veterans Affairs Canada, personal communications, May 30, 2003). There is no co-payment for VAC clients. Mr. Strong indicates that the high percentage of seniors accessing this services is because they do not have to pay. The average age of VAC clients is 80-81. VAC does not employ home support workers and clients hire privately. Clients receive up to 12 hours and may have two caregivers doing shifts. There are minimal qualifications, regulations or legislation regarding qualifications for home support. Once a client is assessed for services there is a contract established between VAC and the client and the client selects the caregivers. As well there is no way to know how many of the home care workers have formal training because the client does the hiring. Training is not provided by VAC for home support workers, however in situations where family members have to administer dialysis and live in remote communities, VAC will pay for the cost of training. Public health nurses provide the training required for some treatments. VAC are moving towards establishing criteria for personal care. The concept is currently in the development stages. There is no standard set yet, but VAC is moving towards having clients go with licenced providers/agencies. According to Mr. Strong, the concern for standard services is not so much for yard work or housekeeping but there is a moral responsibility to ensure a high level of personal care.

*Victorian Order of Nurses:* Victorian Order of Nurses, provides a visiting nursing program which provides foot care, blood work and wellness services. According to Eileen Pitcher, VON also provides home support such as personal care, meal preparation, homemaking and respite. There is also an Adult Day Program and Meals on Wheels (located in Corner Brook). VON employs 41 home support workers in Zone 9. All but two of these workers are trained through a Department of Education approved program. All staff are required to have this training as well as First Aid. VON is a registered private training institute with the Department of Education and deliver their own training. Currently there are 85 home support clients who receive an average of 4000-5000 home support hours per month (Pitcher, E. personal communications, June 6, 2005).

**Subsidized Personal Care Homes:** Personal care homes are a private-for-profit industry that offer care and accommodations for persons with low care needs, e.g., Level I and II. Adults who are unable to live independently in their own home and require residential assistance can receive services in a Personal Care Home. Residents receive 24 hour a day supervision, meals, domestic services, health monitoring and other services. Applicants are assessed by a public health nurse or social worker and must undergo a medical and financial assessment before being approved for service. There are 13 personal care homes in the region. The Silverwood Manor in Kippens and the Acadian Village are the two Personal Care Homes in Zone 9 (Health and Community Services website).

*Acadian Village:* According to Stacey Anstey, Manager, the Acadian Village is located on Minnesota Drive, Stephenville. "It is a government sponsored Level I and II personal care home which can accommodate up to 78 people"(Anstey, S., personal communications, April 13, 2005). There are 48 rooms - 8 couple units and the rest are semi-private rooms which residents share with a roommate. Currently there are no wait lists and there are vacancies. All residents are assessed by public health. Semi-private rates start at \$1100 per month per person and private suites at \$1500 per month (Anstey, S., personal communications, April 13, 2005).

*Silverwood Manor:* According to Maureen Simon, owner, the Silverwood Manor is located on Kippens Road, Kippens. It has 30 Level I and II single units. 19 of the rooms are subsidized.



Financial assessments are required and every person is screened. Currently there is no wait list and there are 28 rooms occupied (Simon, M., personal communications, April 12, 2005).

## ***Government Services***

In 2004, the government of Newfoundland announced the establishment of a new Division of Aging and Seniors for the province as a means of coordinating services and support for seniors. There are three key initiatives. First is the establishment of the Division of Aging and Seniors under Director Elizabeth Crawford, which will coordinate services across the government and act as a focal point for aging information. This Division will work with other departments to identify policy development areas and will serve as the secretariat to a Ministerial Council and Provincial Advisory Committee. The second initiative is the Ministerial Advisory Council for Aging and Seniors, chaired by the Minister of Health and Community Services. This council is composed of several cabinet ministers who are charged with development of policies across all government activities on behalf of seniors for the development of a health aging strategy. Minister Joan Burke from Zone 9, is one of the Ministers on this council. The final initiative is the Provincial Advisory Council, chaired by Ross Wiseman and comprised of 12 individuals, seniors and experts of aging, who will provide advice to government on aging related issues. The goal of this council is to ensure that a seniors perspective is reflected in planning and policy development (Government of Newfoundland and Labrador, 2004).

*Prescription Drugs:* The Newfoundland Prescription Drug program and seniors citizens drug subsidy plan provides benefits to individuals who are 65 and older who are in receipt of the Guaranteed Income Supplement with the Federal Government. A person must be registered with the Old Age Security Division of Income Security programs to qualify. The plan covers most prescription drugs and some other items which have to be prescribed by a physician. The majority of non prescription drugs are not covered. Seniors pay a dispensing fee and other pharmacy expenses while government pays the cost of the drug ingredients. Information on what is or is not covered can be found by calling the Prescription Drug Program at 709- 753 3615 or the Drug Program and Services Division of the Department of Health and community Services at 709-729-6507 (Health and Community Services website).

*Pensions:* When legal residents of Canada reach 65, they are eligible for the Old Age Security and in some cases the Old Age Security Guarantee Income Supplement. Clients

receiving income support who are in receipt of the Guaranteed Income Supplement may also be eligible for the Guaranteed Income Supplement. Benefits also include Spouse's Allowance and the Widowed Spouse's Allowance which are both available to 60 to 64 year old spouses of Old Age Security Pensioners (Income Security Programs website).

The Canada Pension Plan (CPP) provides benefits to individuals who have worked in Canada. CPP can be paid to individuals who retire from the workforce (Retirement Pension), to individuals who become severely disabled (Disability Benefit), to surviving spouses in the event of a death (Survivors Benefit) (Certain criteria apply to each benefit). Quebec, administers its own Quebec Pension Plan. (Income Security Programs website). CPP also pays a lump sum death benefit for burial expense (Death Benefit). Canada Pension Plan Retirement Pensions can be applied for at the age of 60 years, however, the rate of the benefit is reduced if a person applies for the retirement pension before age 65. HRL&E requires individuals who are between 60 and 65 to apply for the Canada Pension Plan in order to be eligible for Income Support. If the amount the client is entitled to from CPP is less than their Income Support rate, they will receive an Income Support Supplement. Once you receive your CPP you can work without affecting your pension payments however you cannot contribute to CPP on future earnings (Income Security Programs website).

**Human Resources Labour and Employment Services:** The Department of Human Resources Labour and Employment (HRL&E) provides financial and other supports to individuals who meet eligibility criteria set out by the department. Basic supports include assistance for food, shelter, clothing, rent, utilities, and personal care. HRL&E also can help clients access services from other departments (Human Resources Labour and Employment Website).

Seniors may be eligible to receive a number of services through HRL&E, including vision care, dentures, medical transportation, medical supplies and prescription drugs if they meet eligibility criteria. Seniors who live in subsidized and non-subsidized Personal Care Homes (licensed by the Department of Health and Community Services) can avail of some services. Residents of non-subsidized Personal Care Homes can get assistance with prescription drugs, medical transportation and other health services only. Subsidized residents of subsidized homes are automatically eligible for these services as long as they meet the criteria for basic assistance (Human Resources Labour and Employment Website).

Seniors who are patients in hospital or residents of long term facilities may be eligible for Comforts Allowance to cover the cost of clothing and personal care items (Human Resources Labour and Employment Website).

Seniors who apply for Income Support should note that Canadian Pension Plan Benefits, Old Age Security, Guaranteed Income Supplement, Spouse Allowance (OAS), Private Pensions, and Veterans' Affairs Allowances are considered non-allowable income and are deducted from Income Support. Non-allowable, means an exemption can be applied when calculating eligibility for Income Support. Clients will not be eligible for Income Support if they have liquid assets in excess of permitted amounts. Liquid assets include investments that can be liquidated such as RRSP, readily marketable securities. Also the cash surrender value of a life insurance policy held by a client or a dependent is also considered liquid assets. Bank accounts whether held by a client or held in trust for a dependent are also included as liquid assets (Human Resources Labour and Employment Website).

**Newfoundland and Labrador Housing Corporation Services:** Newfoundland and Labrador Housing has programs available which are meant to address housing needs for residents of Newfoundland and Labrador.

*Provincial Home Repair Program:* This program is available for low-income families who require housing upgrades and emergency repair assistance. The program allows residents to correct fire and life safety deficiencies such as basic heating, electrical and plumbing deficiencies. It also provides accessibility modifications for seniors and persons with disabilities. Grant funding of a maximum \$5,000 per household is available, with additional repayable funding of a maximum \$10,000 available to cover repair costs in excess of the grant. Funding is limited to the costs associated with essential repairs. Eligible repairs include items such as repair or replacement of deteriorated foundations, walls, plumbing, doors and windows, electrical systems, heating systems and roofs as well as modifications to accommodate persons with disabilities (Newfoundland and Labrador Housing Website).

*Low Rental Housing:* NLHC also has low rental housing for seniors and other persons who's income fall within the Canada Mortgage and Housing and NLHC income levels or for those who are paying more than 30 percent of their total income towards the cost of rent and heat. Clients pay 25-30 percent of their total income towards housing costs (Newfoundland and Labrador Housing Website).

*Rent Supplement Program:* There is also a Rent Supplement Program which pays a portion of the rent in private rental accommodations for persons who qualify for the program (Newfoundland and Labrador Housing Website).

According to Mr. Derrick House, Newfoundland and Labrador Housing Administration Officer, Stephenville, Newfoundland and Labrador Housing has 12 Seniors' cottages that are directly administered in Stephenville. There is also rent supplement agreements for 34 units with private landlords in Stephenville including 21 apartments with the Stephenville Manor and 3 apartments with Pottle Enterprises. About 25 of these are occupied by seniors. NLHC is also involved with funding three other seniors' projects in Zone 9 . These projects are run by private non-profit groups and include 28 units in Stephenville Crossing, 14 units in the Burgeo Sou'west Senior Citizens Centre which is operated by Burgeo Senior Citizen's Housing Corporation Board of Directors where currently there are 6 applicants on a wait list. The estimated wait time is 3-4 years. There are also 12 units in Robinson's Manor where currently there are 5 vacancies and no wait list. There is one wheelchair unit. NLHC is limited in its involvement in the day-to-day operations of these projects and day-to-day operations are performed by the groups themselves. The statistics for the home repair program are not broken down by age category, however, NLHC assisted 365 households with this program in the year 2004-2005. Mr. House estimates that 50% of those assisted under the home repair program were seniors (House, D., personal communications, April 8, 2005).

For further information and eligibility requirements for the Provincial Home Repair Program (PHRP), Rental Housing Program and Rent Supplement Program please contact a NLHC regional office nearest you: For Stephenville call 709-643-6826.

***Other Housing:*** Private Housing is also available in Zone 9. There are 6 seniors' units on St. George Avenue which are owned by Dr. Bruce Roberts. Dr. Roberts has 84 apartments in total, seniors are in some, although the buildings are for the general public. Pottle Enterprises has 20 senior units on Crane Place in Stephenville. Of these, 3 are subsidized by NLHC. Also, B&B Holdings recently built a 14 unit apartment complex for seniors on Carolina Avenue in Stephenville, which currently has vacancies.

## ***Seniors Organizations***

*50 plus Federation of Seniors:* There is a provincial 50 plus Federation of Seniors which is open to all individual 50 years or over in Newfoundland. The purpose of this organization is to stimulate interest in issues of seniors and to help them maintain their independence. The organization informs and advises the government on issues relevant to seniors. You can reach the Federation by calling 709 463 2305. The Federation in conjunction with the Newfoundland and Labrador Pensioners put out a quarterly publication called the Seniors Voice which is free to members of the Newfoundland and Labrador Pensioners and Federation of Seniors. This publication is considered a forum for all seniors to express their concerns and a means to providing information to seniors. More information can be found at 709-279-3546.

*Seniors Resource Centre:* The Seniors Resource Centre is a Provincial nonprofit organization dedicated to the senior population. This organization provides information, programs, services and advocacy for seniors. They have a toll-free information line 1-800-563-5599 where seniors can access the Provincial Peer Advocate Program. By calling the information line seniors can talk to peers who offer support and provide information

about services and resources for seniors. There is also a Caregiver line which provides information for caregivers. The number is 1888-571-2273. You can find out more about the Seniors Resource Centre on their web-site at [www.seniorsresource.ca](http://www.seniorsresource.ca) and you can find out more about the Caregiver Network at [www.caregiversnl.ca](http://www.caregiversnl.ca).

**Other Services:** Seniors can avail of a number of other health. Mental health services, including counselling can be provided. To access this services, seniors can obtain a referral or can refer themselves. Seniors can also access rehabilitative services such as speech-language, audiology, and community-based occupational therapy which can be provided in the home. For more information about services for seniors, the Seniors' Resource Centre published *The Seniors Guide to Services and Programs in Newfoundland and Labrador*. This publication provides information and contacts for a number of services and programs available to seniors in Newfoundland and Labrador. It is available to the public and can be found on the Internet at <http://www.seniorsresource.ca/docs/SeniorsGuide.pdf>.

## 5.0 FINDINGS

Many older adults express a desire to live in their own homes, or at least in their own communities. Therefore, numerous factors related to seniors living in small rural communities need to be considered. Changes in the demographic makeup of communities raises concern whether Zone 9 is able to meet challenges in providing appropriate services for seniors, especially in smaller communities.

Changing demographics has become a major discussion item for communities all across Canada. In 2002, Health Canada's Aging and Seniors Division released *Canada's Aging Population*. This report explains that Canada's population is aging rapidly and by 2026, one in five Canadians will be 65 years of age or older. According to the report, in the year 2000, 11.6% of the population of Newfoundland and Labrador were adults aged 65 or older (See figure 1). By the year 2020, this number will increase to 22.5% with Newfoundland having the largest number of seniors than any other province in Canada (See population predictions, Appendix "K"). According to Health Canada's publication *Canada's Seniors* (2001), the 85 plus age group is the fastest growing component of the seniors population in Canada and will represent 4% of the total population by 2041 (See figure 2).

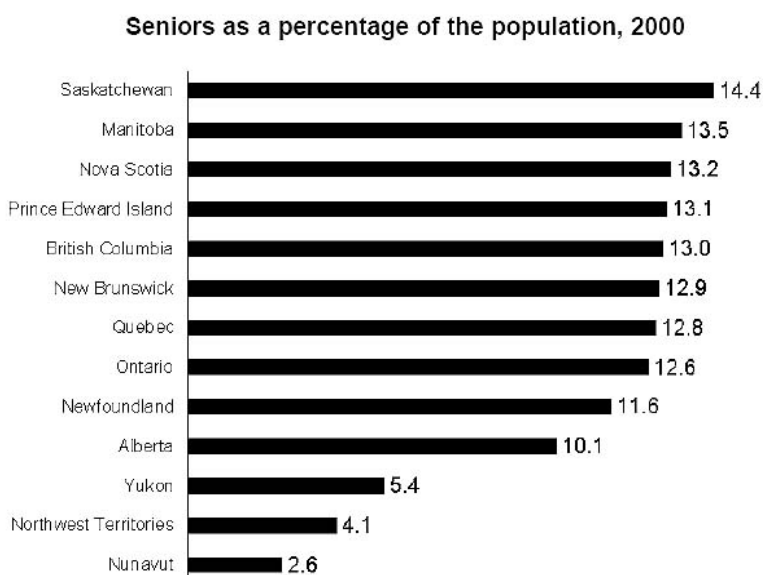
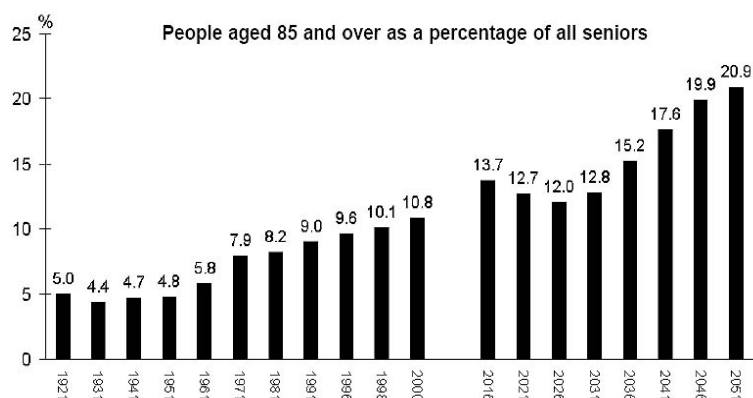


Figure 1 A Growing Population No. 3 *Canada's Seniors*



Source: Statistics Canada

Figure 2 A Growing Population No. 2 *Canada's Seniors*

This shift in population is due in large part to the largest proportion of the population who were born between 1946 and 1965, commonly referred to as “Baby Boomers” who will be entering their senior years (Health Canada, 2002).

The aging of Newfoundland’s population is exacerbated by out migration and an inadequate number of children being born to maintain or increase the population. The current fertility rate is 1.5 child (ren) per women ( Health Canada 2002). As a result the province has already aged more rapidly than other provinces. There are other contributing factors to an aging population. Life expectancy rates for example have increased from 75.8 for men and 81.4 for women in 1997 and are predicted to increase even more to 81 for men and 86 for women by 2041, which means people are living longer, thus increasing the number of older adults in the population ( Health Canada 2002).

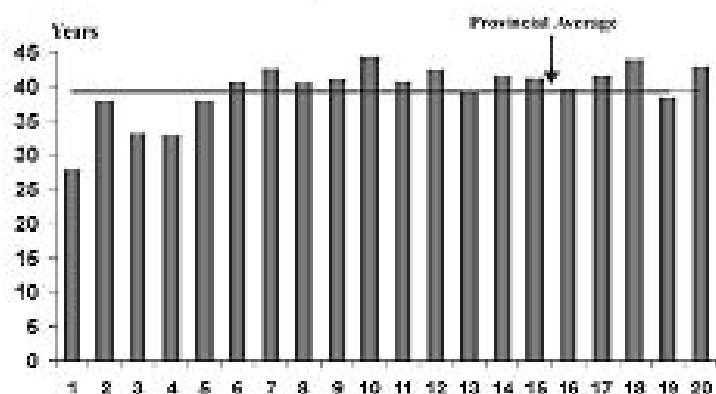
### **Long Range Economic Development Zone 9**

The predicted increase in size of the senior population and the increasing proportion of those in their 80s raises concern about the provision of care to seniors who want to remain in their own homes and communities. Current census data reveals that the total population of Zone 9 is 22,300 with a total of 5,345 aged 55 and above, 23.8% of the population (Community Accounts, Appendix “L” ) . The Government of Newfoundland and Labrador (2001- B) released demographic projections for Zone 9 based on high, medium and low assumptions about the rate of fertility, life expectancy and economics which all have an impact on populations. The high scenario indicates that the portion of the population who are aged 55 and over is predicted to be 10,940 by the year 2,018, a difference of 5,595 which is more than double current numbers (See Appendix “L”) (Government of Newfoundland and Labrador 2001-B).

Along with an aging population, Zone 9 is experiencing an aging of the workforce. According to Community Accounts (2005) the median age for Zone 9 for 2001 was 39, however, Carter (2003) explains that Zone 9's median age in 2003 was slightly more than the provincial average at 43 years of age (Figure 3, Appendix



Median Age by Economic Zone  
Newfoundland and Labrador, 2003



Source: Economics and Statistics Branch, Department of Finance

Figure 3

19 age group will be the population of the labour force in less than 25 years. As a result, Zone 9 will have a labour force of approximately 13,000 and a senior population of around 11,000 in less than 15 years time (Appendix “L”). These numbers are significant when considering the Zone’s ability to care for an aging population. When the “Baby Boomers” reach older age, there will be a slightly higher percentage (1.5%) of working age population than seniors supporting the economy. That is if there are no deaths and no out-migration during this time period which is highly unlikely. If current migration trends continue, younger people will continue to leave for more urban parts of the province, or for other parts of the country and elsewhere. This will leave an even larger declining population in rural areas where it is already difficult for seniors to obtain help. Consequently, home support workers will be in great demand in Zone 9. Human Resource Skills Development Canada (H.R.S.D.C.) as cited in Canadian Home Care Association (2001) estimates that the demand for home support workers will grow and make this job category the fourth fastest growing of 139 job categories. The trouble is however, home support is one of the lowest paid and has the highest turnover rates, yet it is considered by some, to be the most important job which would enable seniors to stay at home and in their own communities rather than have to move into an institutional setting.

The majority of the participants of the Seniors’ Human Resource Research study indicated there was already a need to increase the provision of home support services. Participants described a lack of affordable, accessible and available support services in most communities. In many cases, seniors are unable to access sufficient support hours or they do not meet the financial criteria set out for the home support programs

“M”). Further, 15,045 of the population are the labour force age group between 18 and 64. In addition, the “Baby Boom” cohort, who are currently between 40 and 59 years of age represents 32% of population of Zone 9 (7,465 individuals). There were 5,695 individuals below the age of 19, representing 24.4% of the population, slightly more than the number of seniors. This means that 51 % or 7,580 of the current labour force, plus the under

and/or are unable to afford the service because of small incomes. Needed services include housekeeping chores, daily living activities like meal preparation, laundry, personal care, and general home and lawn maintenance. Tenhoor and Halit (1985) conducted a nationwide survey of 1,500 noninstitutionalized persons 55 and over. Through this research they determined 16 most challenging tasks for seniors who live at home.

- “1. Opening medicine packages
2. Reading product labels
3. Reaching high things
4. Fastening buttons, snaps, or zippers
5. Vacuuming or dusting
6. Going up and down stairs
7. Cleaning bathtubs and sinks
8. Washing and waxing floors
9. Putting clothes on over one's head
10. Putting on shoes, socks, or stockings
11. Carrying purchases home
12. Using tools
13. If something happened at home, no one would know
14. Using the shower or bathtub
15. Tying shoe laces, bows, and neckties
16. Moving around the house without slipping or falling”(p.1)

Health Canada (1999 - B) explains that “People who need care and are able to receive it in their homes and communities are happier, enjoy high quality of life and benefit from improved health outcomes. (p.1) Most of the seniors who participated in the Seniors Human Resource study indicated that they relied on friends, neighbours and especially family members to help them with difficult tasks. According to Community

Accounts the total number of hours of unpaid care to seniors by individuals aged 15 and over in Zone 9 was 15,655 for 2001. Four thousand eight hundred and forty (4,840) of these hours are provided by individuals 55 and over, 8,135 by individuals between 25 to 54 years of age and 2,685 hours by individuals 15 to 24 years of age. The group of individuals between 35 and 54, spent a total of 5,890 hours providing unpaid care to seniors. Of the over 15 age group, males provided more care than females, which males providing 7,835 hours of care to female's 7820 hours of care. Yard work and home maintenance was listed separately under housework. There was a total of 2,615 hours provided to seniors for this service, with males providing 1760 hours and females providing 855 hours. Of the individuals over 55, females provided more care hours and males provided more housework hours (Appendix "N").

Research participants stated that fewer family and community members are available to help seniors, so seniors do without the help they need. One can infer that needing support will be even more critical in the future, if the current population predictions are correct, since the number of people needing support will be increased and therefore the situation is compounded.

Seniors indicated that the ability to access formal support from home care and support workers which would enable them to remain at home. According to Halamandaris as cited in (Ontario Association of Community Care Access Centres, 2000 ) home care workers "make it possible for individuals to live with dignity and a sense of independence in their own homes. They make it possible for families to remain together. They help keep people at home where they are happier and healthier than in institutions. They are the eyes and ears to the outside world for home-bound clients for whom they are the primary contact with the outside world" (p. 2).

Caregivers and service/care providers agreed that having access to caregiver service is the central reason why seniors are able to stay at home. According to the research participants, caregivers are essential to seniors maintaining independence. The Seniors Resource Research study data however, suggests that caregivers are not happy in their roles. As a result of this, one has to question whether the quality of care being provided to seniors would therefore be lacking. Seniors, caregivers and service/care providers indicated that this was so. Concerns of participants suggest that seniors are negatively affected in the long term as quality of care

affects their physical and mental well-being and quality of life. The reality is that caregiver problems have a huge impact on seniors and must be addressed if seniors well-being, present and future, are of concern. Canadian Home Care Association (2001) explains that there are recruitment and retention issues such as shortages of home support and home care workers across the country especially in rural areas due to low wages, lack of benefits, heavy work loads, stress and safety issues. Study participants also confirm these issues. One can determine that without sufficient supports to caregivers, communities are prevented from laying a foundation for expanding the seniors sector because it will be difficult to recruit new caregivers and also difficult to retain current caregivers.

Consider the basic supports and services model to your right. As you can see, seniors are supported by family members and caregivers. If one of these two supports were to be removed, it is reasonable to assume that the other would have more responsibility and added stress. LaFrèniere et al (2003) explain that formal/paid support is a complement to informal/unpaid support but does not substitute for it, however, in



Figure 4 Basic supports and services

light of a reduction in available formal supports, it will be necessary to make more services available through home care programs in order to adapt to a larger population. Grunfeld, Glossop, McDowell and Danbrook (1997) elaborate on this point. They say that the burden of care for family caregivers is great as a result of changing family structures and demographic changes. Stress felt by caregivers increases with the deterioration rate of the person being cared for. Grunfeld et al (1997) cites evidence that caregiving causes physical illness and the caregivers health declines with the decline of health of the patient. They also concluded that caregiver burnout is likely, therefore the person being cared for will likely become a recipient of care within the health care system if formal supports is not provided. It is likely that the needs of the caregiver exceed that of the patient. As well there is an economic burden associated with caregiving that is not taken into consideration when comparing the cost of care at home to care in an institution. Caregivers

often suffer financial losses because of time off from work and lost wages. Family caregivers are often senior aged women who provide care for their spouse. “Increased reliance on home-based care places seniors in double jeopardy: as patients they are in jeopardy of begin without necessary caregiver support when they need it and as caregivers they are faced with the health and economic consequences of caregiving (Grunfeld et al,1997, p.6). Sullivan (2000) explains that compared to the cost of providing treatment in hospital and nursing homes, home care cost less with a savings from 24% to 75% depending on the level of care required and on whether the client has high or low needs. Home care costs less than residential care and provides an equivalent quality of care. Formal care costs for the client is generally lower for home care. Out of pocket costs are usually moderate compared to facility co-payments. Parent, Anderson, Keefe and MacLellan (2002)

**Percentage of seniors living in an institution, by province, 1996**

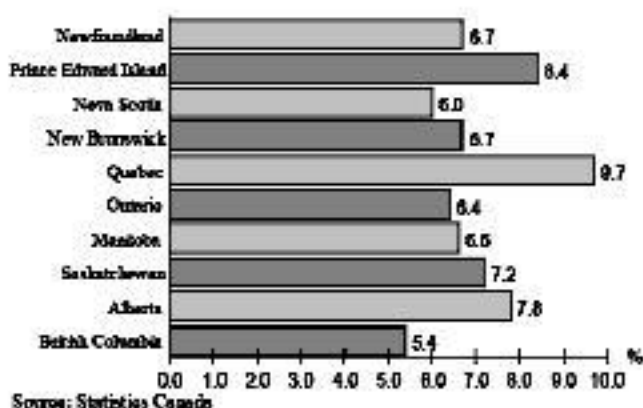


Figure 5 A Growing Population No. 13 Canada's Seniors

more seniors to stay at home. Research participants have indicated that a portion of the seniors who are living in facilities are still independent enough to remain at home, if they had the required support.

The level of independence a person has largely contributes to well-being and quality of life. These three words were used interchangeably throughout the research. Parent et al (2001) explain that the provision of services and support in an individual's home is critical to independence of seniors. According to LaFrèniere et al (2003) a persons' ability to remain independent becomes limited with age because of visual, mental, emotional, financial and physical impairments. Such impairments challenge a person's ability to be self-reliant, to feel good about themselves and to have an optimal quality of life. Further, Martel, Bélanger and

explain that without adequate attention to providing home support there is more likelihood that seniors have to go into a hospital or long-term facility for health and safety reasons. The graph in Figure 5 shows the percentage of seniors who were living in an institution in Newfoundland in 1996 was 6.7%. With a higher percentage of a senior population, it is reasonable to assume that the current number of seniors living in an institution are higher and will continue to grow if proper supports are not in place for

Berthelot (2003) explain that once independence is lost it is difficult to recover. A person who is no longer able to cook, clean and take care of his or her self, will have problems remaining at home unless her or she has the necessary help. A primary reason for admissions into nursing homes is a person's inability to perform these daily living activities (Guralnik, Alexih, Branch, and Wiener, 1999).

Thompson and Melville-Whyte (2000) explain that there are seven factors which contribute to an individuals' quality of life, and in turn are determinants of an individual's level of independence. The first is the ability to maintain good health and the ability to treat health related problems. Possessing sufficient income to meet basic needs is the next quality of life determinant. Having a social network and feeling a sense of belonging is next, followed by having a sense of meaning in life. Appropriate housing and feeling safe are also included as quality of life factors. Last, having the ability to get around, which is the one quality of life factor that encompass all other factors (See figure 6).



Figure 6 Thomas & Melville-Whyte's quality of life factors

## Quality of Life Factors

The next section will look at what the Seniors Human Resource Research and literature said about these seven quality of life factors.

### 1. Transportation:

According to the Jenkins and Plouffe (1999) transportation is the means by which seniors are able to remain most independent. It reduces isolation and without appropriate affordable, transportation services seniors face major barriers to social contact and active living. Scholtens and Oechsle (2002) agree and states that "In order for senior adults to remain independent, it become crucial that they maintain their mobility" (p. 15) .

Mobility then is a major contributor to seniors quality of life and independence. It provides access to programs and services including recreation, medical appointments, hospital, shopping and drug delivery or pick-up. Parent et al (2002) add that transportation is seen as a “major gap that contributes to social isolation and affects quality of life...”(p.9). Participants in the Seniors Human Resource Research study consistently stated that one of the major concerns for seniors in Zone 9 are the lack of affordable, accessible, and available transportation in most communities. In fact, during public consultations, participants indicated in every question that transportation was a problem and a barrier to seniors independence. Since there is no public accessible transportation anywhere in Zone 9, seniors rely on taxi services, or family and/or friends to get them where they want to go, which can be costly and not always readily available. Also, the consultations revealed that the cost of maintaining and funding private vehicles is a challenge for seniors on limited incomes. Walking, an inexpensive and convenient mode of transportation, is often not suited for many seniors because poor road conditions, poor side-walk conditions, and lack of rest stops and physical impairments limit the amount of walking that seniors can do.

## **2. Health:**

Health and health care services are vital to enabling aging adults to remain at home and in their own communities, however, most seniors in Zone 9 feel the current medical services are not meeting their needs. Seniors feel there is a lack of available, accessible in-home and community medical services. Parent, et al (2002) explain that there has been a shift from institutions to the community but the “reality is that services have been cut in the institutional sector and not enhanced in the community. Resources have not been transferred or created so the responsibility falls to the family who have difficulties because of gaps in services” (p.10). According to Penning et al (2002) diminutions in resources and access to care need to come with increases in resources and access to community based services such as home support and nursing care. Parent et al(2002) agrees and explain that “an integrated system of care needs to have a strong community component but a shift to the community based alternatives need to be supported” (p. 10). According to them, if the support is not given, the result is healthcare services become a two-tiered system where you can get the services you want and need if you have the money, and “those who can not (pay for services) rely on public funded services or non at all if they do not meet eligibility requirements but still have low incomes”

(p.11). According to the Ontario Human Rights Commission (2005), inadequate funding of community-based care contradicts that capacity for older persons to “age in place” (p.2). As well, “barriers to health care, institutions and services serve to adversely affect the dignity, self-worth, independence and full-participation of older persons...” (Ontario Human Rights Commission,2005, p.1).

According to the Seniors Human Resource Research study participants, financial limitations, lack of transportation, geographic location to medical services and other barriers prevent seniors from accessing services they need. Long wait-lists for services prevent seniors from receiving necessary medical care in a timely manner. Consultations also revealed that individuals above 65 have access to the provincial drug plans, however seniors between 60 and 65 do not meet the criteria for the provincial plan. Some other seniors cannot afford to pay for medication that is not covered by the drug plan.

### **3. Housing:**

According to the National Advisory Council on Aging (1999-B) people tend to spend more time at home as they age and therefore housing is even more important to quality of life. “Seniors' ability to keep living independently depends on housing that is affordable, safe, secure, comfortable and adapted to reflect personal preferences and physical, mental and social needs”(p.3). Scholtens and Oechsle, (2002) agree and explain that “Aging at home becomes difficult for many in traditional housing because of maintenance demands and costs” (p. 11) Similarly, Steinfeld and Shea (2003) indicate that environmental barriers that reduces a persons capabilities can reduce the independence of elderly people. Environmental barriers include activities of daily living, safety, security and structural deficiencies in the home.

The majority of seniors in Zone 9 live in their own home but often homes do not meet the needs of the senior and are structurally unsuitable and costly to maintain. The cost for home maintenance, heating/fuel and insurance is affecting seniors social, emotional and physical well-being. Some seniors are not aware of housing repair and modification programs and do not access this service. As well, some seniors are misinformed about criteria for such programs or do not meet the criteria but are still unable to afford maintenance and repairs. There is also a limit to housing choices in Zone 9 as few options for alternative



housing currently exist, such as independent living homes, assisted living homes, Alternative Family Care Programs for seniors, seniors' boarding or rooming houses, and cottages. Seniors often have to leave home and move into facilities when they are still independent, and some move to personal care or nursing homes when they are still able to live in their own homes or own communities.

#### **4. Safety and Security:**

According to the Seniors Canada Online website, safety and security can improve a person's quality of life. Seniors can do so by having a safe home and lifestyle and by removing risks. The majority of seniors in Zone 9 are concerned about living in a safe environment. A major concern for seniors who have medical conditions is the lack of support during night-time hours which reduces their feelings of security because they fear falling or having accidents while alone. As well, a lack of communication exists as some barriers, such as fear, intimidation and low education levels, prevent some seniors from expressing their concerns about safety and other issues. Seniors feel there is no system of accountability in place to check on caregivers who provide home-care services. There also is a lack of awareness of safety issues and services which are available which may improve the degree to which a senior feels safe and secure in their own homes.

#### **5. Belonging:**

Having a sense of belonging, feeling included and important is of great importance to a person's quality of life. Seniors' Human Resource Research study participating seniors, however, expressed clearly that they lack a sense of belonging. Seniors feel that their concerns are not being heard and therefore feel their opinions are not respected. There is no adequate mechanism for seniors to voice their issues and concerns. Seniors feel they do not have adequate representation on a larger level since the existing provincial organizations that provide services for them are not well-known in the community. Seniors feel a designated provincial advocate or spokesperson for seniors would bring their concerns and needs to individuals with political clout. Further, there are no community-based committees or organizations focused on seniors' issues. Seniors have not been consulted to determine what their specific needs are. (Scholtens and Oechsle, 2002) explains that one way for seniors to increase their sense of belonging is to volunteer within the community. "Volunteering

provides older adults with an increased sense of well-being and self image while helping them maintain a sense of usefulness and productivity” (p. 16). Many seniors in Zone 9 volunteer their time, however participants expressed that increased volunteering would be an opportunity for seniors to maintain independence and stay in their own home and communities longer. Senior club members expressed how important volunteering was towards keeping seniors active and connected to social networks and the community at large.

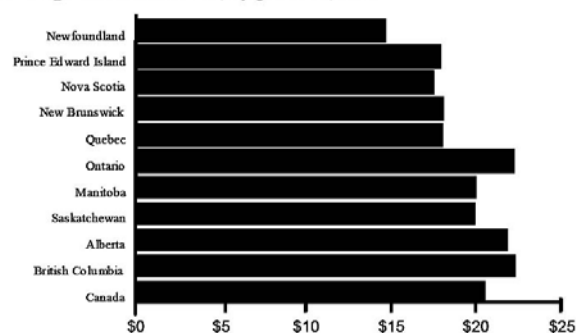
## 6. Income:

Low income limits people’s options and has implications for many Zone 9 seniors. Study participants consistently expressed that financial barriers prevents them from accessing medical facilities, shopping, recreation and socialization activities, proper nutrition and medication among other things which improve a person’s quality of life.

According to Jenkins and Plouffe, (1999) “On average, seniors have lower incomes than people in most other age groups. Nevertheless, incomes for seniors have risen at a faster rate than incomes among other age groups over the past decade and a half. In general, Old Age Security (OAS) benefits, including Guaranteed Income Supplements (GIS), provide the largest source of income for seniors. Female seniors have lower incomes than their male counterparts and unattached senior women have considerably lower incomes than unattached senior men” (Jenkins and Plouffe, 1999, p.4).

The National Advisory Council on Aging, (1996) explains that poorer people have more health related problems and increased limitations on physical activities due to illness or disease than people who are lower middle class. 19% of seniors in Newfoundland have the lowest incomes of all other provinces, compared to the National Average of 18.7% (See figure 7&8)

Average income of seniors, by province, 1997



Source: Statistics Canada

Figure 7 A Growing Population No. 27 Canada's Seniors

According to Community Accounts, the median income for individuals aged 55 and above in Zone 9 is \$13,000. Of the 3,360 who reported being recipients of Old Age Security and Guaranteed Income Supplement, the majority are female. They account for 1,890 people in receipt of this income. Also, the median income for males in receipt of Old Age Security and Guaranteed Income Supplement was higher at \$18,000, while the median income for female

recipients was \$12,100. Of the 3,029 individuals aged 55 and above who are receiving social assistance, more females used this service than males. As well, women were less likely to have private pensions which are being received by 1,570 individuals. Also, there were more males receiving Canada Pensions than female, with 2,050 men receiving Canada Pension compared to 1,690 females. When considering the economic vitality of seniors, and knowing that women are outliving men, one can logically deduce women reaching retirement will have more financial difficulties than their male counterparts. Current senior women

**Percentage of seniors with low income, by province, 1997**

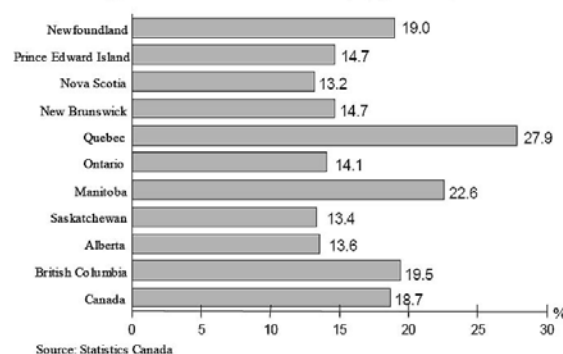


Figure 8 A Growing Population No. 28 Canada's Seniors

### **Economic Zone 09 - Long Range Regional Economic Development Board**

#### **Amount of Old Age Security/Net Federal Supplements (\$,000)**

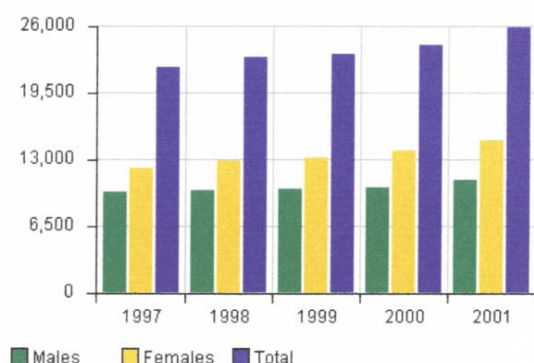


Figure 9

Most study participants identified lack of financial resources as a major reason why they do not access many services which increase independence, such as exercise, recreation, medical services, transportation or home support. Further, there is a lack of financial resources available from government and other sources to provide these services for seniors. Financial assessments often prevent seniors who require help from

contributed very little to Canada Pension and most did not work outside of the home so have minimal contributions from private pensions. Perhaps that is one reason why the amount of Old Age Security is higher for women than men as men had higher incomes, but more income sources. (See figure 9)

availing of such services. Similarly, lack of funding causes seniors clubs to struggle to maintain their services to seniors. Seniors clubs provide very important services to seniors, however clubs consistently expressed that upkeep, heating and maintenance costs are high and hard to manage. On another level, finances pose concerns because seniors are susceptible to scams and financial abuse and are not always aware when they are being abused.

## **7. Making life meaningful**

Throughout this research process it has become clear that meaningful activity contributes to a seniors' health and wellbeing. Recreation and socialization activities are very important aspects of aging. Being able to partake in activities contributes to seniors independence and ability to stay at home. There is a lack of recreational opportunities for seniors in most of the communities located in Zone 9. As well, there are very few low cost social recreation activities for seniors, which limits the number of activities seniors can participate in and limits the number of activities that can be provided. In most communities, the only available activities are bingo and card games, however some smaller communities do not even have these. Most communities do not have seniors' clubs or groups. Of the 53 communities in Zone 9, formal seniors' clubs are located in only ten communities, most located near Stephenville. Occasionally though, community groups arrange activities and events for seniors in most communities that do not have seniors clubs. Some seniors' clubs have a variety of activities, however most generally provide dances, bingo and card games for seniors. As well, there is a lack of awareness in the community regarding recreation services. Most seniors are not aware of available recreational services. As well, service providers are not always aware what seniors want for recreation. Most activities are geared towards mobile seniors which create a gap in the availability of activities for persons who are disabled, homebound or socially isolated. Further, activities are not focused on younger seniors. Not all seniors want to participate in activities such as bingo and card games. Some seniors would like to participate in exercise programs such as walking programs and they would like to have more opportunities to participate in road trips. Also, seniors want to contribute and participate in activities that are important and contribute to their well being and quality of life. One of the major challenges to providing seniors recreation services are the lack of resources (financial and expertise) available as well, there is no formalized sponsor to take responsibility for recreation clubs. As a result, there is a lack

of access to available programs for some seniors and a lack of transportation that prevents seniors from participating.

Another way to make life meaningful for seniors is to partake in activities where they can share their knowledge and obtain further knowledge. “Life-long learning is important to reduce withdrawal of seniors from new experiences or challenges and thereby increase participation. An emphasis on life-long learning can also enhance a positive image of seniors with their wealth of experiential knowledge and reduce health risks associated with low social status” (Macleod 1997, p.5). Most senior research participants said they were not aware of education opportunities which are available. For example, participants said there was a lack of education for seniors about new technologies. Older adults lack skills of self-help and self-care and are limited because programs that are available require high literacy skills. According to Macleod (1997) low literacy embarrasses seniors and contributes to reluctance to access programs and to build social support networks. Further, limited education and low literacy prevents seniors from accessing many services, as often program and service information, applications and other forms are difficult to read and understand. Another concern for Zone 9 seniors is that there is very little opportunity for them to pass along their knowledge to the community, and communities do not benefit from their expertise and knowledge. It was also noted by participants in the study that service and care providers also require training to improve the quality of their services. Stakeholders, including health professionals need sensitivity training about seniors and seniors issues. There is also limited programs available geared towards educating people to work in jobs related to seniors services.

Consultations revealed that seniors in Zone 9 are definitely challenged to maintain their independence and quality of life. There are many obstacles in the way of seniors being able to access the many services that contribute to their wellbeing. During the Seniors’ Human Resource Research study, many seniors, caregivers and services/care providers had plenty to say about the gaps in service delivery and access. The following section is an accurate portrayal of the trends which are prevalent within the seniors’ care sector from the study participants’ perspective.

## 5.1 Seniors Focus Groups and Interviews

**Table 2:** Seniors' Focus Group Participation

Place and Time	# of participants
Bay St. George South Focus Group – April 14, 2005	9
Bay St. George South Interview – April 14, 2005	1
Ramea Focus Group – April 18, 2005	8
Port au Port East Focus Group – April 22, 2005	9
Stephenville Focus Group – April 26, 2005	11
Port au Port West Focus Group – April 29, 2005	5
Burgeo Focus Groups (2) – May 2, 2005	(a) 2
	(b) 12
Burgeo Interviews – May 3, 2005	6
Barachois/St. Georges Focus Groups – May 4, 2005	7
Stephenville Crossing, Focus Group - May 4, 2005	5
Bay St. George South Interviews – May 6, 2005	5
68 focus group participants and 12 interview participants	Total 80

## 5.1 A Profile of Seniors Focus Group Participants

Focus group participants were asked to complete a short demographic questionnaire so a profile of participants could be created for the final report. The 12 people who were interviewed separately were not asked to fill out the questionnaire.

- Of the 68 people who attended the focus groups, 63 of the participants completed the questionnaire giving a 92% response rate. The majority of the participants (66%) were female while 28 % were male. 4% did not answer the question.

**Seniors by area and gender**

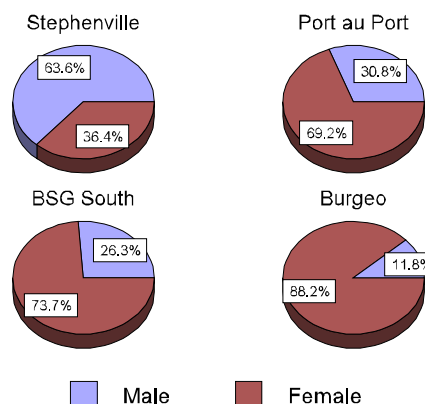


Chart 1

**Seniors participant by year of birth**

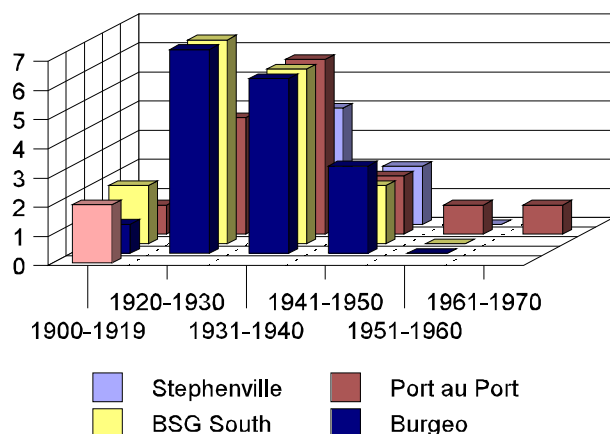


Chart 2

- Most of the participants, 34%, were born between 1931 - 1940. 33% were born between 1920 - 1930. 14% were born between 1941 - 1950, 6% were born between 1900-1919. 1% of participants were born between 1951-1960 and one participant was born between 1961-1970.

**Status of participant:**

Seniors' Focus Groups

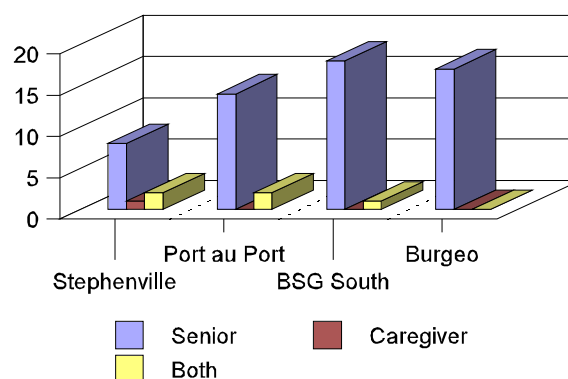
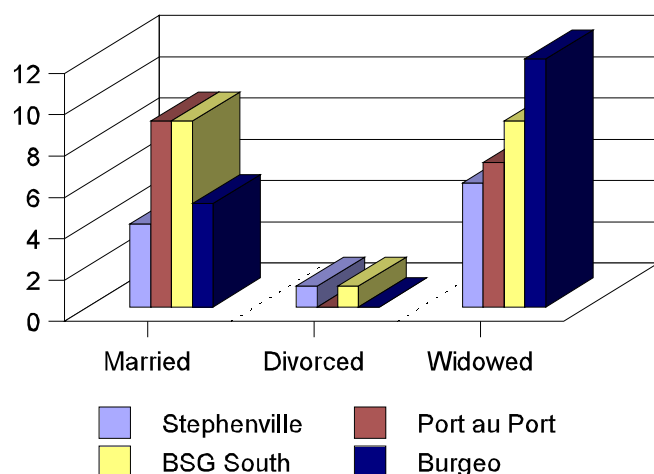


Chart 3

- Three participants indicated they were caregivers, two of these were not seniors. 7% did not answer this question.

### Seniors Participant by marital status



- Slightly more seniors were widowed (53%) than those who indicated they were married (42%) while 3% said they were divorced.

Chart 4

- The majority of senior focus group participants (47%) indicated that they had 8th grade or less, while 22% indicated they had some highschool but did not graduate. 11% were graduated from highschool or had obtained their GED. Another 9% had some college. 6% had graduated college and 3% graduated from a university program.

### Senior Participant by education

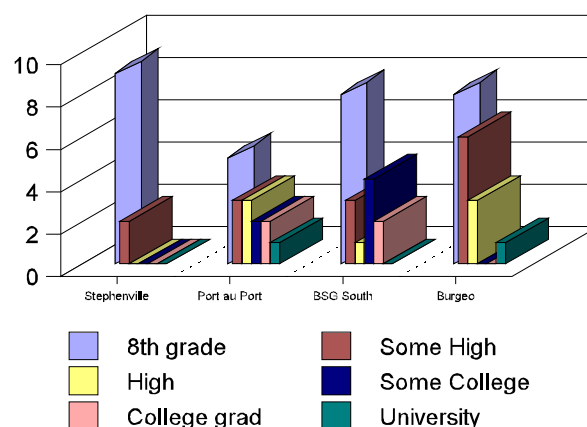
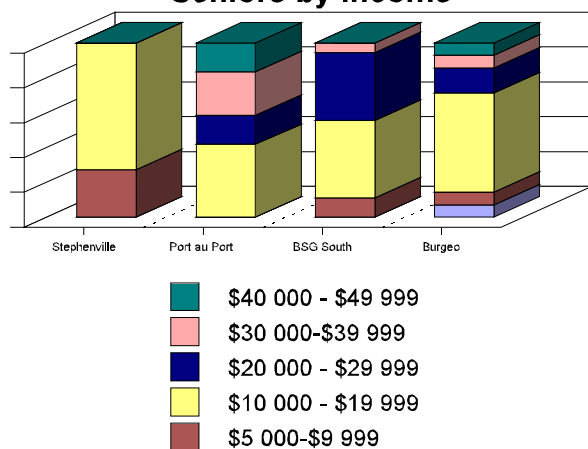


Chart 5

### Seniors by income



- 52% of all participants indicated that the combined income for all family members in their household for the past 12 months was between \$10,000 and \$19,000. 22% had incomes between \$20,000 and \$29,000. 9% said their income was between \$30,000 and \$39,000 and another 9% said their income was between \$5,000 and \$9,999. 4% had incomes between \$40,000 and \$49,000.

Chart 6



- 77% of all participants indicated that they lived in a house, while 12% said they lived in an apartment. 9% indicated they lived in other places of residence such as seniors homes or subsidized housing complexes.

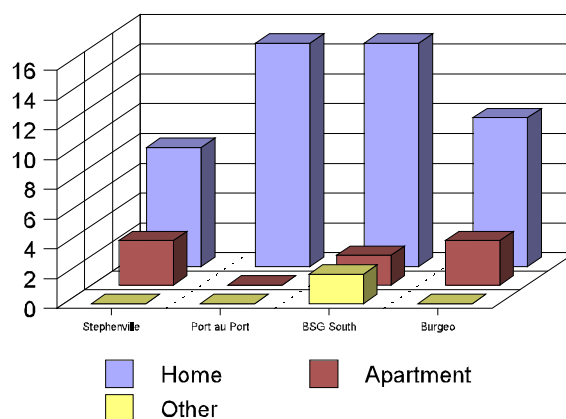
**Seniors by place of residence**

Chart 7

- 77% of the participants indicated that they owned their own home. One senior was boarding with a friend, one living in a family member's home and the remaining 17% were renting.

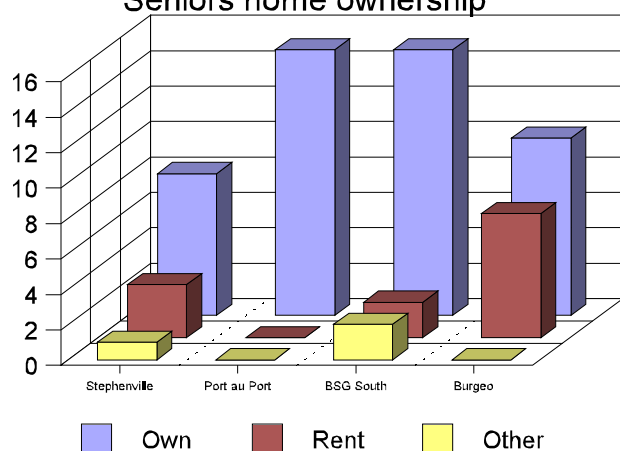
**Seniors home ownership**

Chart 8

- 49% of the participants lived alone, while 46% lived with a spouse and 45 lived with a friend.

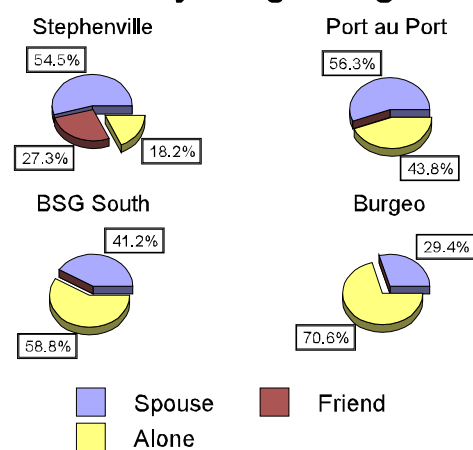
**Seniors by living arrangement**

Chart 9

## 5.1 B Summary of Seniors Focus Groups and Interview Trends

**Question 1: How do you picture the perfect community where you would like to live, as you grow older?**

- **Support Services:** Support services, which are affordable & easily accessed, make a community easier to live in for seniors. They require services such as carpentry, maintenance, snow clearing, housekeeping and medical services.

*“We need lots of support services for a senior like snow shoveling, a carpenter to come so that even someone with the most modest of incomes could afford them”*

- **Safety:** Seniors prefer to live in communities where they feel safe from vandalism, robbery, assault, intimidation and any kind of senior abuse. *“There should be Zero tolerance for crimes against seniors”*.
- **Medical Services:** Seniors prefer to live near medical services, which can be accessed quickly, without costing a lot, and requires the least amount of travel – all of which causes hardships and stress to seniors on low incomes.

*“I would like to have good medical care, with a Dr. up the street and easy to access in an emergency”*

*“Even if a Doctor came once a week to Ramea that would be good. Having a nurse practitioner is great but not the same as a Dr. To see a Dr. we have to travel 1 ½ hrs by boat to Burgeo. In an emergency we have to take a chopper to Burgeo....weather can be a problem”*.

- **Family/Community Support:** Seniors want to be as close to as many family members as possible and would like to have families at home to spend time with grandchildren who most have never seen.

*“A perfect community would have families home” .*

**Housing:** Some seniors are aware that at some point they may have to leave home but they would rather remain at home and in their own communities in alternative housing which offers independent living or shared/assisted living lifestyles but still maintains privacy.

*“An intermediate place where they can be somewhat independent and also be cared for when needed.....need a place to depend on if they can't hold up their home alone”.*

- **Recreation:** Seniors often do not access recreation/social activities due to insufficient/limited transportation. Seniors clubs are a significant contributor to senior's activity level and need to be made available to seniors. “ There would be affordable and easily accessed public transportation so seniors can get where they need to go”.
- **Help:** The perfect community provides help to seniors.” Some seniors still have family members who take them to doctors, clean driveways and so on, so do not have to worry. But, there are those who do not and have a hard time getting things done so the perfect community has someone to depend on for help.”
- **Respect:** Seniors want to be respected and have their opinions validated. They are called upon and asked what they need or want but nothing ever comes of it. “ The perfect community is a place where people will listen to seniors”.

**Question 2: Do seniors want to stay at home and in their own communities? Why? Why not?**

- **Independence:** Seniors value their freedom and independence – staying at home allows them to feel they have control over their own lives and they are in surroundings, which keep them active. Seniors often do not adjust to change well.

Physically: they can putter around the house

Mentally: houses are full of memories etc.

Emotionally: at home they have more access to family and friends, which provide emotional support.

Staying at home is also a way for seniors to feel young. When they get to a point where they need a lot of help they have to face the fact that they are getting old. Staying home is a means of denying their age/combating immortality and prolonging the inevitable. When they leave – they can't deny it anymore. "Some seniors don't want to be anywhere but home. When they consider leaving...it is the finality of it. When they leave, they know they are not coming back. You know you have crossed a threshold when you leave home. They have to admit they are getting old."

All but two participants felt they want to stay at home and in their own communities. Those who said no, said they would like to but there are no seniors services available there and there are more things for them in Stephenville and Corner Brook.

- **Abilities:** Seniors realize that at a certain point they may require assistance, however they would rather have help at home and maintain some level of independence than be totally depending for things they know they are still capable of doing. "*Seniors, while they have their own mind and can get someone to come in are not leaving their homes*" They don't always move into a facility because they are unable to stay at home, but because of health and when they can longer afford the upkeep or repairs. "*I'm going to live in my own home until I can't. Until I fall down and break all of my bones.*"

**Question 3: What would prevent seniors from staying in their own homes and communities?**

- **Affordability:** The high cost of maintaining ones home on a low income is very difficult for seniors and limits the money they have for homecare. Seniors who live alone still have the same bills as if they were not. Heating, repairs, maintenance, insurance, town taxes (water & property) on top of special foods, electricity, medications (some not covered) cause seniors hardship. “When a senior has to leave their home because they can’t afford the taxes, can’t afford to keep it heated, can’t afford the lights – it’s ridiculous! A sin! Crime! Criminal!”
- **Inadequate housing:** Homes are generally in need of a lot of repairs and renovations/modification as they age. “The high cost of taxes, upkeep and maintenance of the home – you always have something to repair or replace”. Seniors who live in two-story homes have more difficulty because these homes are not made for senior living. They are harder to heat since older homes are not always well insulated. As well they are not wheelchair or senior accessible since they have stairs and generally the bedroom and bathroom is on the second floor.
- **Poor health:** The biggest obstacle to seniors staying in their own homes is poor health. *“If your health becomes so bad that you have to leave you have no other choice If you are crippled and you can’t help yourself and can’t afford to have someone to come in to help take care of you.”* As they age, generally health deteriorates. Seniors start to have difficulty doing the most basic tasks and need help with housework, personal care, yard work, cooking and other daily living activities. They have failing eyesight and after a while is unable to drive. If a senior is unable to care for his/her self and they cannot afford to get the help with these activities, they leave home. *“The little bit I do now is all I can do, so I got to having leaving in my mind don’t I”.*
- **Transportation:** Seniors usually depend on others to get where they need to go. If a family or friend is unable to take seniors to medical appointments, grocery shopping, to church and other places, they either stay at home or pay a lot for taxi fares because there is not public/volunteer transportation. Those who do have their own vehicles and still drive find it difficult to come up with the money for expenses like

maintenance, repairs and gas. “It costs a lot for keeping your car up, for insurance and gas”. Seniors also would like to have well maintained roads because some are far away from medical services.

- **Loneliness/Depression:** Most seniors are widows/widowers who live alone and do not always have visitors, which results in seniors who are lonely and depressed. *“Not everyone lives alone, but those who do live alone do whatever is required.... But loneliness and depression are real barriers. Just having someone to talk to – what greater gift can you give to someone.... Everything may be at your fingertips these days, but everyone is too busy to spend time with a senior”.*
- **Safety:** Some seniors are concerned with falling or having accidents especially those who live alone. As they age, their level of feeling safe declines. When a senior feels unsafe due to fear of having a health crisis they tend to move where they can quickly access services if they cannot get someone to stay with them. *“Seniors are not so concerned about safety, they are pretty cautious. But they are always concerned about health, as they get older. They worry about getting Alzheimer’s or Dementia and forgetting to turn the stove off”.*
- **Lack of community support:** Some senior’s feel that the younger generations are too busy to spend time with them, have busy lives and are unable to provide the help they need. Some senior’s feel the young do not have the same sense of obligation to help and are not encouraged to as they were in the past. *“Community attitude is a barrier... The Community is not like it used to be – people today are getting too independent. “I am living in my own cubical and doing my own thing”. People used to depend on one another, but it is not that way now. We have to take care of ourselves. Before, they thought about you, now they don’t’ think about you at all. They are not aware of seniors concerns.”* Sometimes the family encourages the senior to leave home. *“Seniors do not want to leave home, but often the families are stressed because they know the senior is unable to care for him or herself, are not safe and need help. If they can’t get help, often the family encourages the senior to move”.*
- **Not enough home care:** To stay at home, seniors require more homecare services. *“Home care hours need to be extended. Now they are there for mealtimes and bedtime hours, then the people are left all*

*alone.*” It is felt that the homecare services are not available due to high costs and insufficient income to afford it, or the hours that they do get are inadequate. Seniors want care during the night and feel that 24 hour services is required.

- **Respite:** Generally family caregivers who do not receive homecare support for their family member provide 24 hours of care to seniors. Often it is a spouse who is also a senior with his or her own health problems. They do not get a break in care and feel that respite should be provided to relieve stress and give them a break.

*“If you don’t have help yourself it is difficult. I did it and it was no picnic and I wouldn’t recommend it to my children, if I were to get sick like that”*

- **Not enough recreation:** Seniors express that having a place to go, a place to interact and meet other seniors is important to maintaining independence and helping them stay in their own homes. These services are not available in some areas. Those who have seniors clubs do access the services if they have no transportation problems, however seniors clubs are challenged to maintain and upkeep their buildings because of repair costs and the cost of heating them in winter months.

*“Its hard to keep the clubs going. Light bills get up to 4 and 5 hundred”*

- **No industry:** A community that has no industry has very little youth. Family leave for work and young leave as soon as they finish high school. They do not return so are unable to provide support to seniors. Sometimes seniors leave to be with their family. *“Seniors will move to be closer to families who have moved away. The family won’t come back home because their children are settled there so the grandparents move to be closer to them”*

*“Seniors are all aging at the same time, and all their children are gone so who will take care of seniors? ...Not only that, with the rate of the young people leaving and the aging of the population, there won't be too many able to do it (help with upkeep) because there will be all seniors around you.”*

**Question 4: What are the basic services and products that would need to help them stay in their own homes and in their communities?**

- **Help with daily living activities:** Seniors need help with meal preparation and cooking, cleaning and laundry
- **Personal care:** Some seniors require personal assistance e.g. bathing, feeding and dressing, nail care and hairdressing.
- **Yard Work:** Seniors want to maintain the outside of their homes and need lawn care, gardening and general upkeep.
- **Maintenance/repairs:** Older houses require repairs to roofs- shingles replaced, fences repairs, painting, electrical work, plumbing problems taken care of and other maintenance work. Some jobs are minor but others are more difficult.
- **Transportation:** Seniors who do not have their own vehicle need rides to medical appointments, medical services, grocery shopping, and to and from activities like card games, senior clubs and bingo.
- **Heavy chores:** Spring and fall cleaning – washing walls, windows, cleaning ovens, stoves, refrigerators, getting firewood, moving around furniture, painting inside and removing snow from roofs are difficult tasks which most seniors are unable to do.



- **Aids/equipment:** Seniors need additional supports around the home to make it easier to get around. These might include wheelchairs, railings, supports in bathrooms and showers, medical equipment, beds, clothing which is easy to put on and take off, kitchen aids and other aids around the home.
- **Snow clearing:** The number one concern of seniors is snow clearing. It is costly and if not done often leaves a senior in a dangerous position. Doors and windows get snowed in and seniors are unable to get out of their homes at times. If they are unable to get out it will be difficult in an emergency for someone to get in.
- **Health Services in home:** Since it is so difficult to get to hospital and medical services for a lot of seniors and they suffer the inconvenience of waiting long periods, seniors would like to have more access to services that can be done from home such as blood pressure and blood sugar checks, blood work and other services.
- **Recreation:** Seniors want to be as active as possible and enjoy the benefits of being able to meet with other seniors to socialize and be entertained. Seniors also require interaction with others and someone to talk to especially if they live alone.
- **Financial help:** Seniors who have a difficult time making ends meet often do without services and products and require some financial help
- **Dental/medical services:** Aging seniors require more medical services and often have difficulty accessing the services they require because of cost to get there, distances to services, lack of human resources, no drug store near by and businesses that are not easy to get into or move around in.

*“ You can get almost anything if you have the money. If you don’t have the money you do without ”*

**Question 5: Are the services you identified in the previous question being provided in your community now?**

Question five was not used in the focus groups because seniors identified the products and services they had and didn't have in other questions.

**Question 6: What can be done to help you stay in your own home and community for a longer period of time?**

- **Supervised/home care:** Home care workers are few in number. An increase in home care workers and home care hours will help seniors get services. Seniors feel that 24-hour services should be available. There should also be a homecare investigator to protect seniors and supervise workers. *"There are excellent home care workers but there are some who are problems and should be supervised."*

- **Variety of housing:** More congregate, shared living and level one housing is needed to shorten wait lists. *"Chronic care really looks after you there but there is nothing in between. You have the manor but there is not a bit (Level 2 facility) in the middle.* Seniors feel that local public buildings that are no longer in use (like schools) could be converted or renovated to provide housing for seniors. Also, family homes could also be converted to accommodate 3 or 4 seniors. Seniors who are unable to stay at home does not have to leave their communities if these types of accommodations are available to them.

*"I have had an application at the manor for 14 years but they take the ones in most need. For example, some people's homes are old and not in good shape and they can't do the maintenance themselves so they get in first. There are only 14 independent living units and there is a need for more"*.

- **Increased access to medical services:** Seniors want government to hire more physicians so that there could be Dr. visits once a week to Ramea and maintaining the clinics in the other areas (Jeffries, St. Georges and Stephenville Crossing). *"Doctors have too many patients and because of that they don't take*

*as much care. We need to hire more doctors who know about seniors' issues". They should hire more nurse practitioners to reduce wait times for hospital and doctors appointments. There are no specialist in the area and no geriatrician. ""Appointments for cardiograms and things are hard to get. I have an appointment for July 2006 in Corner Brook. If they take the hospital out of Stephenville and ship everything to Corner Brook how long would I have to wait then? Seniors feel there should be subsidized transportation to medical appointments for seniors. As well, ambulance services are costly and need to be subsidized or reduced. Some senior's who live in out of the way places fear their streets will be cut from government snow clearing routes. Government should insure that all roads and highways are repaired and maintained.*

- **Universal subsidy for seniors:** Seniors want universal subsidies to cover medication for those 60 and over who do not qualify for the drug plan, subsidized oil and electricity rates, taxes removed from these services (GST on fuel) or an increase in pension and payments twice a month. Some also feel that a subsidized room and board/foster program for seniors to live with relatives/neighbours when they are unable to stay at home (especially during the winter months) will help reduce their fuel and living expenses.

*" We either need free help or a big raise in the government check. If we could afford it we wouldn't need more help from government.*

*"The pension should be paid out twice a month and then maybe you might have a little extra to do something with" (Stephenville)*

- **Seniors club subsidies:** Some seniors feel that seniors' clubs, which provide recreation for seniors, should also have a universal subsidy, which covers upkeep, repairs and heating costs.

*"Most seniors homes (institutions) have recreation in them, so the seniors club makes up for that for the seniors who stay at home" (Port au Port East)*

*“Having the club has certainly made a lot of difference to seniors. It has done a lot for us. It gives us activities, you make friends and that makes you feel good. You know someone cares for you and you are not lonely” (Ramea)*

• **Seniors Programs:** Seniors would like to have programs established to help those who stay in their homes.

1. Friendly visiting
2. Telephone buddy
3. Seniors helping seniors (helping hands)
4. Meal delivery – extend Meals on Wheels program
5. Grocery delivery
6. Transportation
7. Increased access to home modification and repair program
8. Recreation/exercise programs
9. Education programs (safety, new technology and independence)
10. Housing programs – foster program
11. Corporate sponsorship program (employ town handyman)
12. Seniors/Youth Intergeneration program (sharing)
13. Wellness foundation (to cover costs of medical transportation and accommodations for out of town medical trips – like the Bay St. George (BSG) Sick Children’s Foundation)

• **Businesses catering to seniors:** Seniors feel the following businesses would help them.

1. Maid/handyman business (3-4 male & female employees)
  2. For seniors only, Internet coffee house (Stephenville)
  3. Catering/home meal delivery business (Seniors feel it would not work in Ramea)
  4. Laundry pick-up and drop off
  5. Seniors Store (with kitchen aids, rails etc.)
  6. New housing developments for retirement (services included)
  7. Seniors recreation center (Gym)
  8. Independent Living Consultant
  9. Extended home care agencies (branches in other areas)
  10. Traveling Legal Services/Barbering/Hairdressing
  11. Seniors Support Services (Pay by the job)
  12. Modify current businesses to accommodate seniors failing vision, mobility (wider isles, no stairs, ramps, larger prices, seating, railing)
- **Transportation Services:** Dial-a-ride volunteer transportation services; a community mini-van or bus accessible by wheelchair for seniors shopping, attend activities, and medical appointments (gas subsidy or supported by the community, seniors pay a small fee). *“If there was a transportation service then seniors could spend more money in the home and on the things they need.”* Also, subsidized taxi services or discount (government reimbursed – a stamped card – for medical appointments only)
  - **Information line/center:** A one stop information services – a telephone number or drop in center where seniors can get information on available programs and services (directory), help with problems, issues or concerns like getting direction to or referrals to correct services needed. *“Seniors need a place where they can go and find out information because seniors are not aware of what is out in the community.”* A place that will help with filling out forms, applications to programs/services like the pension, information on safety (medication) and home inspection. Information can also be presented to seniors via radio programs and messages. There could be a project to map all services first.

- **Training:** There is concern that government does not have any regulations in place regarding the skills and knowledge homecare workers should have. We need to attract qualified homecare workers. There should be training for home care workers to specialize in seniors health concerns (diseases and illnesses associated with aging like dementia. Safety training for homecare workers so that they can help keep seniors in safe environments. Specific training for homecare workers on blood pressure, blood sugar, nutrition, foot care and on home dialysis so that they can provide the services to the seniors. There could be different classes of homecare workers (e.g. Home healthcare worker, homecare worker, personal care worker). Also service providers and businesses should be trained to understand seniors and their needs as they age.

*“There would be more people staying around here if there were more jobs in homecare...The College of the North Atlantic could set up a program in Stephenville for homecare workers. The problem is that people are not going to go to school and pay a lot of tuition to make 7 & 8 dollars an hour. Part of the problem with homecare is that there is a stigma or attitude attached to it – ‘what do you do...I’m a homecare worker – oh... that’s all you could find to do’. If there was a name change that would help remove the stigma...they are healthcare workers. Change the name – change the attitude...You need to start training now because we are all getting to be old and there will be non one left to care for us if you don’t start targeting people now.”*

- **Home visits:** Some seniors are unable to attend community workshops or information sessions. These seniors should have the opportunity to receive the same information at home therefore there should be visits to provide information on health, safety and nutrition to seniors who request it. Also some seniors find it difficult to get medical help. There should be increased visits by VON and public health nurses who could do checkups at home. There should be visits by Doctors to a person’s home if they are unable to get to a hospital. Seniors would like services brought to the community – weekly blood pressure, blood sugar and blood work clinics.

*“Someone should provide safety instructions or inspections to seniors in the community who do not get this information from a workshop”*

- **Change in program criteria:** Seniors feel there is a need to change eligibility criteria for HST, home modification programs, disability status, drug cards, medical equipment and transportation which prevent those who are over the current financial limit for services, yet, who are unable to pay for these services. They either have hardship because they do without or they have to make choices between one thing they need like food or another like health in order to get the services they need. *“...if you added up all the services you need, you could end up having so much that you don’t have enough food to eat in the end. Some people are lucky that they have the provincial drug card, but not all drugs needed by seniors are covered by the card either.”*
- **Senior friendly communities:** Seniors would like to have senior friendly communities. Helpful neighbours, community environments that make life easier for seniors (clear sidewalks, benches), services for seniors in one location, planning for communities around an aging population with a focus on new housing developments and facilities on the seniors rather than on the young people; volunteer/service organizations and community groups/college students who are required to do volunteer hours could be providing services to seniors and developing programs to make it easier for seniors to stay at home; there could be recreation and entertainment for seniors and long term planning for seniors clubs to recruit more members. Also, seniors feel it would be helpful if the plows did not fill up driveways, which are already cleared. There could be corporate sponsorship for seniors clubs to sponsor programs like the Snow Buster program (employing a town handyman – snow clearing). Others were concerned that the future outlook was bleak – there are so many little communities, with so few people with little or now support. One person suggested *“It is a lot cheaper to keep them in the home than in the hospital...but realistically, there is no way to support seniors to stay at home in every little community. Resettle to make larger communities of 1000 population and provide all necessary services.*
- **Committees:** Establish seniors committees in communities to discuss and find solutions to concerns and needs of seniors. *We “need a committee to look at seniors concerns”;* to consider the aging of the population in planning and have key community leaders to help seniors learn how to get things done – like setting up a seniors club. *“Since they came out with the seniors clubs, the seniors are coming out of the*

*woodwork. A committee could get it going (in Burgeo)...Someone in a leadership position, the town for example needs to help start it...it doesn't need to be a senior"*

- **Education:** Seniors need to be educated on how they can increase their own health status, to listen to health care and other professionals. Seniors literacy levels are low at higher ages so it is up to the community to provide information on services. Seniors are also not aware of products or equipment, which might help them stay at home longer. *"I don't think they have medic alert here in this community but that would help. If it is here, I don't know about it. If you don't know about it what is the good of it to seniors?"*. The young should be educated on seniors' issues and seniors should learn how to protect themselves.

- **Employment family/income support:** Seniors feel that paying family caregivers for providing care or supplementing seniors income for care services (according to the level of ability e.g. Like vision impaired) will keep family members home and provide 24 hr. care for seniors. Having people on income support work for seniors will remove people from the welfare roles and provide necessary services.

*"In a lot of cases the family would like to take care of the senior but they have to leave for work. If they could get paid for it they would stay. You can pay the neighbour or a stranger to look after them but you can't look after your own parents. If family could get paid then they wouldn't have to go look for a job somewhere else. They wouldn't even mind leaving the jobs they had to come home if they could get paid here."*

- **Seniors voice:** Seniors feel they should have a voice and be utilized in all levels of government. They have information and knowledge to share. Government should use seniors in decisions that affect them. Seniors Resource centers and the Seniors Federation need to listen to seniors – there needs to be grassroots involvement of those who have a better understanding of seniors issues than politicians and others who have not had to struggle to get by. Seniors do not have the technology to benefit from some services, which are only accessible through computers. Seniors feel they are not truly represented – they want an advocate or ombudsman for seniors. *"A lot of seniors do not have the education and the knowledge to speak for*



*themselves. They are hesitant to talk to people who they figure are higher educated. There needs to be a person to represent seniors. Someone who will talk at a level of a grade 8 student so that all seniors can understand them.”* The new aging division needs to come out of St. John’s and talk to the seniors in the communities.

- **Awareness:** Seniors are not aware of programs they need or what services are available. Those who are providing such products or services should find creative ways to let seniors know. Seniors do not want this information on paper because of literacy issues. They feel that radio messages and presentation from those who provide the services will be more useful. Those who work for seniors or provide services to seniors do not always know what services seniors need or want and are not able to pass on this information to seniors.

*“They (seniors) need to know who to talk to so they can find out where the resources are. Perhaps there could be presentations from all of the community groups.”*

- **Lack of interest:** Seniors should show more interest in efforts where people are trying to do things for them. There is an attitude that seniors cannot do anything about their situation. Seniors do not want to think about the future. *“People (seniors) need to start thinking about the future. What will the community be like in 10 years or so? All rural communities on the island will have the same story. The younger seniors will have to try to stay as health as they can and hope there will be someone there for them. It’s a pretty bleak outlook and we don’t want to think about it. The population thinks that it is something for someone else to deal with. People need to start dealing with it and find out what can be done.”*

## 5.1 ©) Seniors Focus Group Evaluation Comments

### **What was one thing you liked or learned during the focus group discussion today?**

- Enjoyed discussion
- It was good to hear other people's opinions. It could be a help in the future.
- Very interesting discussion.
- I am pleased with the visit and hope that this visit can lead to a continuation of the research. Had a very informative meeting.
- I enjoyed our little gathering but I can't think what we could do to improve.
- What I learned about seniors today was the speaker was very good and we learned a lot of things I did think about. So come again.
- What I learned about today was that everyone is pretty independent and they can usually get things done they need.
- I think we had a good talk about our community. There could be a lot of different things done to improve our community for seniors.
- I would like to see a place here where you can live when I can't do for myself.
- Learned that if more people had her attitude, more might be done for seniors.
- I enjoyed the whole conversation as I have been through all of this and done my best for seniors.
- Someone thinking about seniors and their needs may be able to help them stay in their own home.
- I think there was some positive discussion. Gave us something to think about.
- Good conversation.
- Enjoyed the conversation with Margie.
- I learned that there is somebody out there thinking about the future of seniors and hoping to be able to help solve some problems.
- Sharing concern relating to seniors now and in the future years.

- I enjoyed the workshop and the different ideas.
- Enjoyed the different topics discussed.
- Discussion raised my awareness of problems I may face in the future when I am much older.
- Community Spirit.
- Sharing what can be done to help our community.
- I enjoyed the discussion in such a pleasant friendly atmosphere.
- Enjoyable afternoon.
- We both enjoyed the afternoon. Thanks.
- I really enjoyed to hear about things about seniors because I am a senior myself.
- There's lots of things that would help seniors such as more money, snow clearing and mowing.
- Good meeting. Enjoyed the talk about each community and the hopes of living there as long as we can.
- I really enjoyed the presentation.
- Presentation was very good.
- Education
- Information
- I learned a lot today.
- I learned about services available to seniors.
- Partnerships- it was fund mingled with seniors.
- Talking about the seniors more
- Meeting her, people and the meeting.

**What was one thing that could be changed or improved upon for the next focus group discussion?**

- Nil
- I don't think there was much more to be improved. Everything was explained.
- What you did wrong...you were very pleasant and I think everything went well.
- Personally, I have no complaints.
- We had a very good meeting and come back soon. I hope we get some good out of this.
- Nil
- She never did anything wrong, it was a very interesting talk.
- There wasn't anything I didn't like about our talk.
- Come when there's no bingo or cards when you might get more seniors.
- I think it was very interesting and I enjoyed her talk very much. I look forward to seeing you again.
- I found it to be interesting and helpful in getting any information that may help seniors.
- Some hope for seniors for the future.
- Bring lunch next time.
- Try to get money for relatives to look after their own families.
- Discuss the possibility of seniors cottages.
- The things we talked about all made sense. I enjoyed it very much.
- Good job. Covered the topics mostly concerning seniors.
- Done very good. Nice meeting you.
- You did ok.
- Enjoyed meeting you. Very interesting topic.
- More audio video services.
- Better facilities.

- Some food for diabetics.
- Direct involvement - volunteers assisting seniors within your community.
- Enjoyed all topics and realized what's ahead for the future.
- You did a great job. Very down to earth and made everyone at ease.
- Did an amazing job. No comments.
- Don't spend so much time on the housekeeping segment of your presentation.
- Great job. Relaxing afternoon.
- Enjoyed all comments and ideas that can help our community.
- You need more people attending, especially the leaders in the community , such as the ministers and social workers.
- Nothing.
- More questions.
- We need more help from government.
- Group discussion. Too many people talking at one time.
- Everything ok.
- Nothing.
- Everything was fine with me.
- Everything ok.

**What are some general comments you would like to make about today's discussion - a hope for the future.**

- We need government to help more so we can stay in our own home.
- I enjoyed the session it was enlightening.
- Hope in the future for more funding from government to help with needs of our seniors.
- I hope the ideas we talked about will come to pass. Seniors may be able to stay in their own homes with more supervision over home care.
- I hope this getting together can get the government to listen to seniors and help them more with funding.
- As I approach old age, I am more concerned for others that I know will not be in as good a financial position as myself.
- Would like to see Seniors helping Seniors. Hope more people 50 plus people in community would take part in sessions such as this.
- We need more government funding to help our seniors with their many problems.
- I wish some day we will have some place where we can live and be cared for and be happy with other people around us.
- I would like to see more homecare and help for seniors to stay in their own home longer.
- I have hope for the future.
- I enjoyed the two hours. Come again.
- Try to get a Doctor to visit Ramea at least once a week.
- My hope for Ramea is that something will happen here to keep the younger groups home.
- I think you did a good job. At the moment I am at ease with everything.
- I would like to see more home care for our seniors and health services.
- I think the talk went well and I think we need our roads fixed and our hospital and air port. Also the mill in Stephenville that's what I would like to stay at home.

- I think there are too many things around here now to support already and in order to get help for the older you would have to pay.
- I hope we don't lose our doctor and I hope our hospital is not downgraded to a clinic.
- I liked the meeting today.
- Nothing.
- I liked the meeting.
- The meeting was great. I enjoyed it very much and hope you have lots of luck in the future.
- I enjoyed Margie and Jessica very much.

## 5.2 Caregivers Focus Groups and Interview

**Table 3:** Caregivers' Focus Group Participation

Place and Time	# of participants
Bay St. George South Focus Group – April 14, 2005	12
Ramea Focus Group – April 18, 2005	5
Stephenville Focus Group – April 26, 2005	6
Port au Port East/West Interview– April 29, 2005	1
Total: 24	



## 5.2 A Profile of Participants

Caregiver focus group participants were asked to complete a short demographic questionnaire so a profile of participants could be created for the final report. Although there was a focus group set up for the Port au Port area, only one person attended this focus group. This person was interviewed and was not asked to fill out the questionnaire. Caregivers from the Port au Port area did attend the Stephenville focus group. All participants were grouped by area of residence when compiling the trends for analysis, so caregivers from Port au Port area (including the interview) were grouped together and were not combined with the group from Stephenville.

- Of the 24 people who attended the focus groups, 21 of the participants completed the questionnaire giving an 87 % response rate. The majority of the participants (90 %) were female while only 9 % were male.

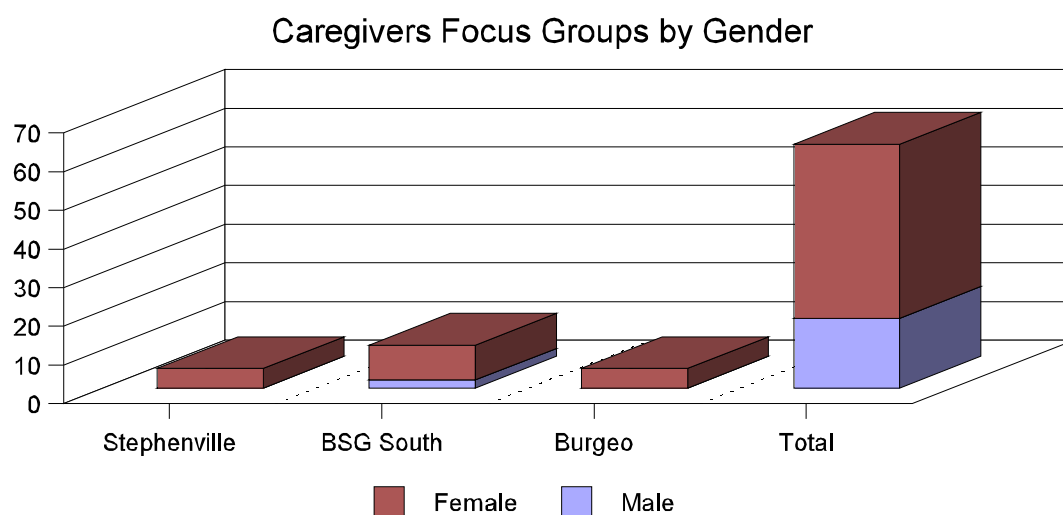
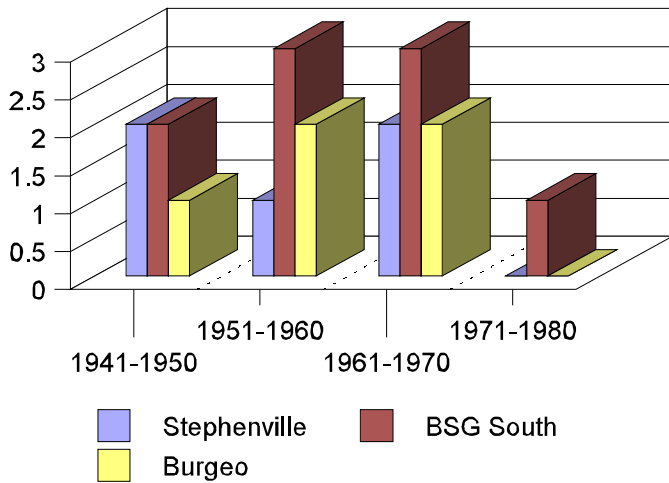


Chart 10

### Caregiver participant by year of birth



- The majority of the participants, 29%, indicated that they were born between 1961 - 1970. 25% were born between 1951 - 1960. 20% were born between 1941 - 1950, 4% were born between 1971-1980. 7% of the participants did not answer this question.

Chart 11

- 95% of participants indicated they were caregivers, while 9% indicated that they were caregivers but also seniors. 7% did not answer this question.

### Status of Participant

Caregivers' Focus Groups

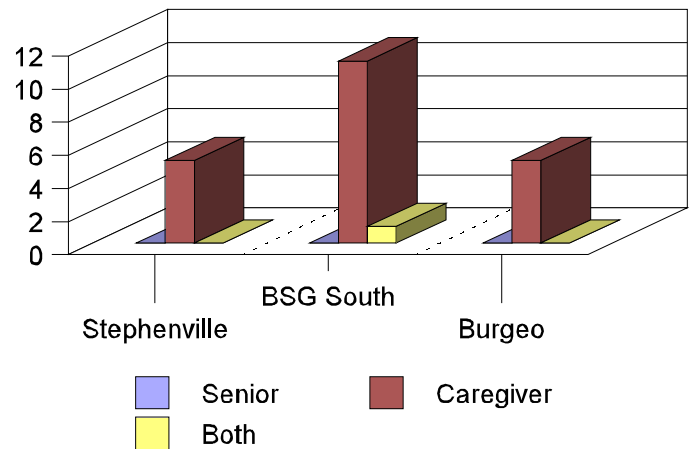


Chart 12

### Caregivers by Marital Status

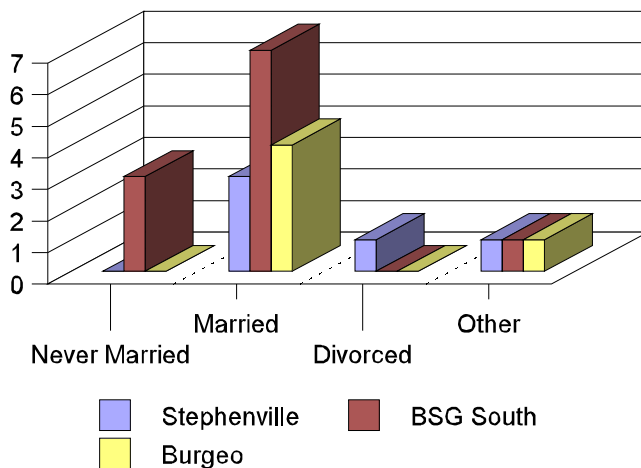


Chart 13

- The majority of caregivers indicated they were married (66%) while the remaining 32% indicated they were single. 4% said they were divorced, 14% living common law, and 14% were never married.

- An equal number of caregiver focus group participants(28%) indicated that they had 8th grade or less or some college, while 23% indicated they had some highschool but did not graduate. 9% were graduated from highschool or had obtained their GED. Another 4% had some college. None of the caregivers graduated from a university program. 4% did not answer the question.

Caregivers by Education

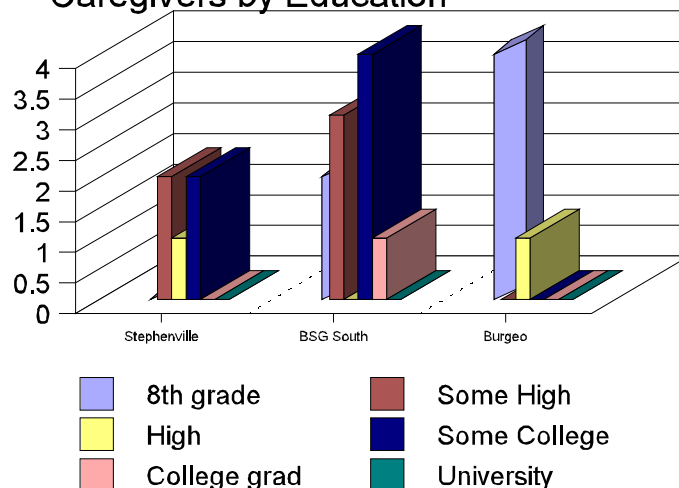


Chart 14

Caregivers by income

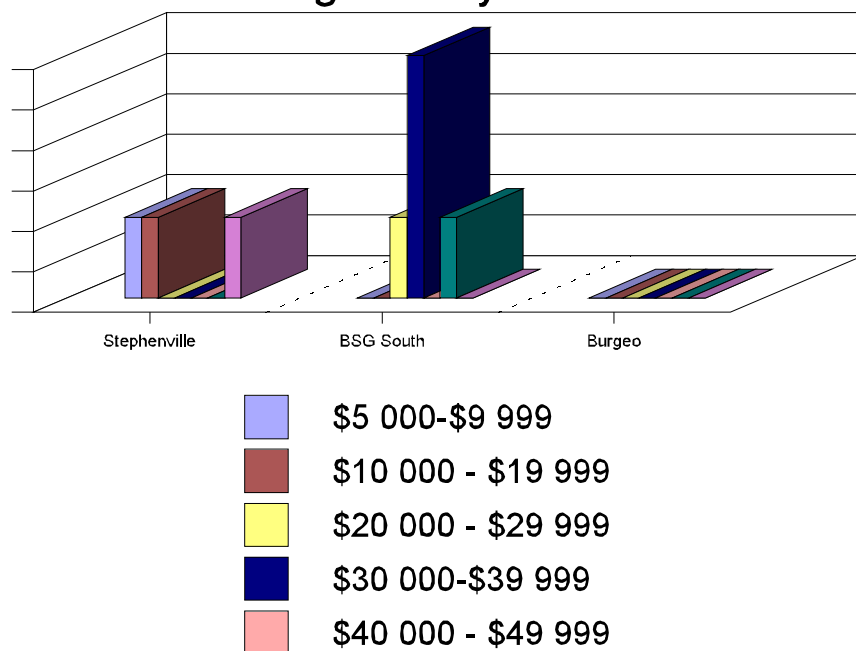


Chart 15

- Of the 13 who answered this question, 14% indicated that the ccombined income for all family members in their household for the past 12 months was between \$30, 000 and \$39,000. 4% answered \$10,000 and \$19,000, 4% had incomes between \$20,000 and \$29,000. 9% said their income was and another 4% said their income was between \$5,000 and \$9,999. 4% had incomes between \$50, 000 and \$79,000 while another 4% answered between \$80,000 and \$99,000. 33% of all participants did not answer this question.

- 77% of all participants indicated that they lived in a house, while 12% said they lived in an apartment. 9% indicated they lived in other places of residence such as seniors homes or subsidized housing complexes.

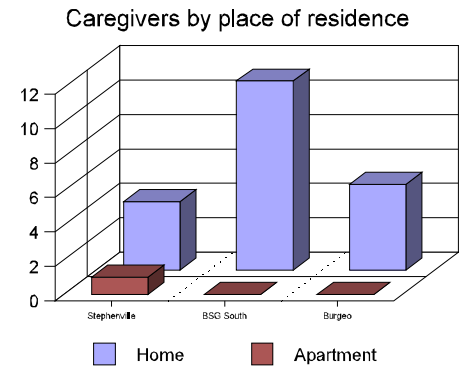
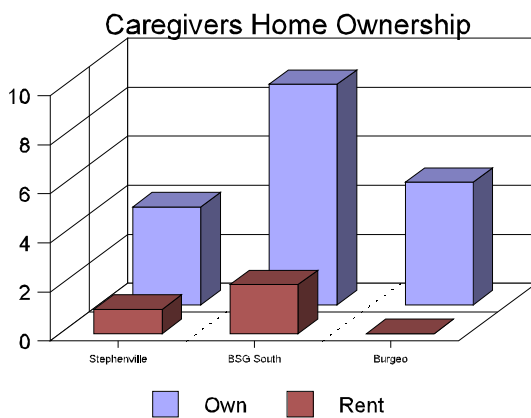


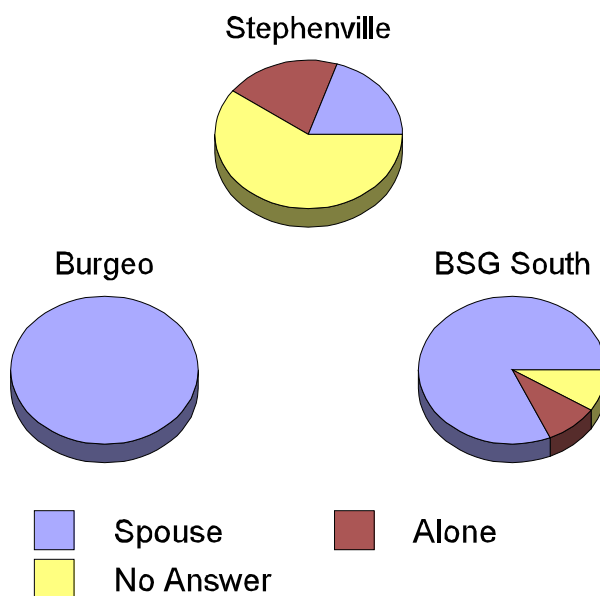
Chart 16



- 77% of the participants indicated that they owned their own home. One senior was boarding with a friend, one living in a family member's home and the remaining 17% were renting.

Chart 17

## Caregiver living arrangements



- 49% of the participants lived alone, while 46% lived with a spouse and 45 lived with a friend.

Chart 18

## 5.2 B Summary of Caregivers Focus Groups and Interview Trends

**Question 1. How do you picture the perfect community where seniors would like to live, as they grow older? (Think the unthinkable, no problem with resources).**

- **Safety:** There would be measures in place to protect seniors from crime. Other safety issues surround the physical/mental and emotional conditions of seniors. Seniors are sometimes abused by their caregivers, therefore there needs to be a system in place to check on caregivers. Seniors also face unsafe conditions in the home because they do not express their concerns about issues.

*“Am I going to knock on the door and is she going to answer her door?”*

- **Socialization:** Caregivers recognize the importance of socialization that fits for each senior. Not every senior wants to play cards or go to bingo. It was indicated that a variety of activities should be included such as exercise, cards, mental stimulation, songs and dances. Seniors are asking caregivers to stay longer and longer so that they have someone to talk to.

*“There is only so much a caregivers can say to them in conversation.”*

- **Transportation:** A perfect community would have affordable transportation to meet the seniors’ needs. Some seniors do not have access to transportation and therefore either do without or rely on caregivers to assist them. Some seniors won’t take homecare workers unless they have a vehicle. It was suggested that a system be established whereby seniors get a call once a week to find out if they need anything.

*“For what we are getting paid and the price of gas today, we can be as kind and as caring as we like, but come on we are trying to make a dollar too and we don’t get any money for gas.”*

**Question 2. Do seniors want to stay at home and in their own communities? Why/why not?**

- **Familiarity & security:** Seniors want to stay in their own home because they are close to family and neighbours and feel secure in a place that they know. Loneliness and health care are main reasons why seniors leave their home.
- **Human Rights:** Seniors are left with few options which leads them to making choices they feel forced to make. Seniors need to be respected for their wants and desires.

*“Seniors should have the right to stay in their own home if they can.”*

- **Unavailable services:** Caregivers indicated that seniors, who wanted to stay in their own homes but required 24 hour care, may not be able to get it. For instance a senior who requires physical help might need lifting, and that would require two people which is unavailable to most seniors.
- **Seniors’ Needs:** Seniors do not always get the quality of care needed. It was expressed that the level of care required varies with each senior. In cases where heavy lifting is required caregivers do not lift for fear of injury. They either need another caregivers for help, additional equipment or they need to be in better physical shape which might require physical training, which should be paid for. Other times the caregivers are not meeting the needs of the seniors, but seniors do not speak up. When seniors do not speak they often don’t get proper care.

**Question 3. What would prevent seniors from staying in their own homes and communities?**

- **Family resources:** Some families are not equipped to deal with the physical/mental/emotional limitations of aging seniors. Financial resources are limited for the number of required hours for senior care. “*. .... and when they can’t get enough home care to care for them, the family sends them to homes*”. It is less

expensive to move into a home, but once there all of the needs are met for the family which takes away a lot of stress. Other families would prefer to take care of their family members but need to work to support their immediate family. Paying family members to care for their loved ones would assist seniors with staying in their own home and community. Sometimes the care of a senior is left to the spouse. If they have medical problems as well, then you have to question the quality of care. Stress is place on family members when seniors do not receive the quality of care that they need. The family worries and can not rest properly if the affected senior is not receiving the appropriate care.

- **Community Resources:** Many seniors are unaware of the available services. Sometimes a low education level prevents seniors from knowing how to research available resources. Seniors don't always have the support in the community to help seniors stay at home. Often a senior needs an advocate who can speak up on their behalf.

*“If a family is well educated and is well connected in the community, they can call the right authorities to get stuff for you as opposed to someone with no family”.*

- **Insufficient income:** Insufficient income prevents seniors from staying in their own home. There are property taxes, up keep of the house, possible renovations and then there is little left over. Because of insufficient income and rising expenses, they are unable to take advantage of sales. Caregivers sometimes buy groceries for seniors because they are living below the poverty line. Depending on government assistance to support programs is always a problem.
- **Accommodation:** Seniors living in their own homes are faced with challenges because of the style of the house. Most homes are two story with the bathroom and bedroom located on the second floor. Negotiating the stairs for someone with physical or mental limitations is often too difficult. For instance seniors with terminal cancer may not be able to climb the stairs. The homes are also expensive to keep up, and sometimes seniors “bar up, upstairs” and live downstairs in the winter.

- **House repair:** Upkeep and repair of homes is expensive. Sometimes houses do not get repaired and become run down, this creates a dangerous situation. Seniors are sometimes forced to ignore house repair because of the cost. They often cannot afford to pay for repairs.
- **Aids:** Homes are not equipped for senior needs. For instance they may need chairs for the tub or bars to help them walk or an adjustable bed. Some seniors have beds that are very old; this prevents them from a proper nights sleep. Other seniors should not be left alone because they may wander during the night and may fall over the stairs. Some need assistance in taking medication. Some need massages to relieve pain.

*“ One lady who had so many care hours but was left alone during the night was totally blind and she had to give herself an insulin needle and there is no way she could have given herself the right amount. She was in a very dangerous situation – no phone either.”*

- **Mobility:** Some have to move to accommodations that will give them some freedom. Some seniors are physically disabled and are reliant on wheel chairs, wheel chair accessible vehicles, and wheel chair accessible buildings.

*“My client can’t get out of the house to even visit family members.”*

- **Location of Community:** Isolation can be difficult for seniors to receive adequate medical attention. Snow, fog or any other extreme weather condition can prevent a senior from traveling to get medical attention. Living on an island, and being dependent on a ferry is a major disadvantage. Fresh vegetables and fruit some times don’t get to Ramea if the ferry isn’t running.
- **Medical services:** The wait list for services is far too long. Appropriate home care: Some seniors require up to three shifts per day. When care is neglected because of lack of finances seniors do without.



*“Unless the senior is in an emergency situation, which means they have to be in an accident, they might have to wait up to 8 months for services.”*

- **Caregivers working conditions:** Caregivers work conditions can be very stressful, which can lead to a high turnover. Burn out is very evident. Seniors sometimes ask too much from their caregivers. *“Some seniors ask caregivers to make 10 trips a day to go to the store”*. Caregivers do not get paid for working after hours and this cause stress from burn out and lack of financial compensation. For instance, if a caregivers takes a senior to the hospital and the appointment runs past the workers scheduled work day, the worker will stay with the senior for humanitarian reasons but feels the stress of the situation because they are not financially compensated. There is often a lack of respect given to caregivers by the extended family of the senior. *“You provide maid service to the client but you are also picking up after the family”*. *“There is such a turnover in workers because of work related issues that often patients just get used to one worker and then have to get used to another, which is very stressful to them and to the family.”* Caregivers feel that a unionized worker would be better protected, and have better working conditions. There is no standard for salaries or work hours. Sometimes caregivers do not have proper access to the agencies; it is likely that you get an answering machine if you call. If Caregivers don’t go to work they don’t get paid. There is no sick leave, no annual leave. If you are not capable of working then you can’t draw E.I. Also there are no long-term benefits. Caregivers are constantly under stress and feel that might be passed on to the seniors. Caregivers also have to absorb the cost of paying for First Aid, scrubs, and training. When there is a change in the senior’s situation, the caregivers should get support if it requires them to learn a new skill. *“When situations change and the senior require more, there should be someone who comes down to teach the homecare workers how to make life easier for the senior.”*
- **Caregivers training:** Often caregivers do not get trained for the work they need to do. They also need to know that support is close at hand when they need it. There should be one place where everyone can call so that they can be directed to the correct service. Training should also include specific areas for instance for dementia or Alzheimer’s patients.

*“Caregivers don’t know whom to call and when they call they get a run around and the person on the end of the phone doesn’t know who does what.”*

- **Future Needs:** It was expressed that there may be a shortage of caregivers in the future. This would place extra burden on clients and the remaining caregivers.

*“The young are leaving the communities. There are less and less children every year and people are moving out.”*

- **Reality:** Each situation needs to be looked at realistically. A senior might have to move from their house because it is too costly to upkeep, or it is not senior friendly anymore.

**Question 4.      What are the basic services and products that seniors would need to help them stay in their own homes and in their own communities?**

- **Support:** Support and training is needed for caregivers to give better homecare service. There needs to be better access to immediate resources, better working conditions. Caregivers do not get enough instruction regarding the senior’s needs. *“We do just what we think needs to be done – and because we don’t want the senior to suffer we do things we know we shouldn’t.”* Support is also needed for family caregivers. They don’t often get respite like paid caregivers do.
- **Accommodations:** Seniors need a variety of accommodations that fit their physical, emotional and financial resources. Rooming houses, cottages, or their own home are some options. Homes need renovations to accommodate the seniors, particularly to accommodate wheel chairs. Bathrooms often need additional rails, and toilet seats that are fitted for the senior needs.

- **Assessments:** More assessments are needed throughout the year. Situations change and so do senior needs. *“This would help get needed service sooner to seniors for such things as raised toilet seats, support hose, or pads and railings.”* Seniors needs change can change within a short period of time. Regular evaluations would pick up changes, rather than an advocate having to fight for additional services.
- **Personal care service:** Someone to listen to them, rub their back, give baths, haircuts, or cut toenails.
- **Housecleaning:** Helping seniors with housework would help keep them in their own homes.
- **Odd jobs:** Seniors need help with odd jobs such as snow shoveling, minor repairs, gardening.
- **Meals:** Some seniors need meals, designed for their personal diets, delivered to their homes. This could be a business for someone. A system like meals on wheels would be helpful. Some seniors have problems swallowing and require food that is blended or mashed. *“Maybe there is special foods made for such patients, but we are not aware of them”*
- **Safety:** Having a safe home is important. This would give seniors a sense of security. An alarm system needs to be set up for each senior.
- **Help Line:** A call line where support seniors can call to get help if there is an immediate need.
- **Socialization:** Seniors could stay in their own homes if they had regular visitors. This would prevent loneliness. Making an effort to get seniors out of their home would take the responsibility from them. *“Sometimes it takes too much energy for seniors to get ready themselves.”* Some times it takes convincing to get seniors to leave their home for an outing. Many things that go on for seniors go on during the evening or the afternoon, when seniors often take a nap. The Crossing has a good day program; the only problems are that seniors have to pay to get bussed to Stephenville Crossing.

- **Transportation:** Seniors need access to affordable transportation. Affordable and efficient transport is needed for the disabled as well as the able bodied people. *“The Crossing has good programs but the seniors have to pay for home care as well as the program.”*
- **Health care benefits:** Covering more medications, currently not covered under the drug card, would free up money for seniors.
- **Aids:** Access to necessary aids to daily living would make life easier to stay at home.
- **Mobility:** It is important that living conditions allow a senior the ability to move around freely and safely. Some need wheelchair access.
- **Advocacy:** Seniors often don’t fight for themselves. Seniors need someone to fight on their behalf.

**Question 5. Are the services you identified in the previous question being provided in your community now?**

Question five was not used in the focus groups because the products and services were identified in other questions.

**Question 6. What can be done to help seniors stay in their own home and community for a longer period of time?**

- **Support Services:** If caregivers, paid and unpaid, would be supported if they had a support network where they could access information.

- **Socialization:** Seniors need company and need to be productive and doing things that interest them. *“Bring pets to seniors once a week would give them something to look forward to”.* Perhaps caregivers could be matched with seniors with same/similar interests. *“Seniors need to be kept active. This aids in keeping their independence and helps them be mentally and emotionally healthy.”*
- **Community awareness:** Seniors need to be informed about what services are available in the community. Perhaps other active and aware seniors could make it a point to share community information. Perhaps a central telephone number could be set up where they can call to find out the available services in the community.
- **Medical:** Waiting periods are too long and sick seniors have to wait for long periods of time when they do get into a clinic/hospital. Medic alert services should be included on the senior’s drug cards. The method that is in place for seniors to visit medical professions needs to be revamped to include no waiting period for appointments and no waiting times in the waiting room. Access to dietitian physiotherapists and chiropractors would help caregivers’s give proper care.

*“We need a consensus that when the elderly are sick they can get into see a doctor.”*

- **Business cooperation:** Businesses need to be thinking of expanding to include the needs of seniors. For instance pharmacies could deliver prescriptions, restaurants could deliver meals. The business community needs to start thinking about the future seniors who will require more specialized services like gyms and social activities. Utilities should give seniors a break and not charge interest.
- **Budgeting:** It is difficult to budget when you get paid once a month and some bills don’t get paid on time.

- **Accommodation:** Rooming houses are another option for seniors. There are empty buildings in every community. Three or four seniors could live together with full time caregivers working shifts. They would have company and wouldn't get lonely, personal care and at the end of the month they would have money left over to spend. Living in a senior's home can leave a senior with as little as \$15 at the end of the month. Another option is creating a cooperative that provides the necessary services to seniors and proper working conditions for the caregivers. Other accommodations suitable for seniors are cottages designed with seniors in mind that are in their own community. Accommodations need to be senior friendly, whether that comes from a building designed for seniors or the renovation of an existing home.
- **Advocacy:** Seniors often don't fight for themselves. Seniors need someone to fight on their behalf.
- **Communication between Caregivers/Family and Agency:** Sometimes senior's do not listen to caregivers. If any party is unaware of what is happening with regards to the senior's care, then the senior will suffer. *"We have to keep them healthy so they can stay at home longer, so if they disregard their medication or refuse to eat the diet they need, then they may as well pay \$20 to have someone come in just to put supper on the table".* Family members need to know from the professionals the specific details required for their loved ones.
- **Proper care and attention:** Some seniors need to have more caregivers hours and trained caregivers for their needs. Sometimes caregivers do not do enough for their clients. Seniors think they know how to take medications but sometimes are doing it incorrectly. *"I once worked with a man who needed to take oxygen. The nurse told us how to use it but when I got to the home, the senior was using it wrong."* Caregivers need to be more diligent with reviewing the write ups on seniors. Assessments of seniors do not give a true picture. *"To get a true picture for a full assessment, they have to give it 24 hours. Assessments are done yearly but the situation changes."*

**Meals:** Some seniors need meals, designed for their personal diets, delivered to their homes. This could be a business for someone.

- **Wheel chair accessibility:** Seniors are often confined to their homes because their doorways are not wide enough for wheelchairs or there is no transportation that can accommodate a wheelchair.

**Transportation:** Transportation is either too expensive or unavailable.

- **Community involvement:** The community should get involved in setting up programs for seniors. Perhaps youth and college students who need to do community work could organize and run such a program.
- **Safety:** Seniors need secure a home that protect them from break and enters. They also need measures in place that prevents physical/mental/emotional and financial abuse.
- **Future planning:** With the aging population, there is going to be a demand for caregivers. In order to meet that demand, caregivers are going to need better training, better pay and compensation and better working conditions.
- **Caregivers work conditions:** The cost of being a caregivers is overwhelming. Stress from insufficient pay, costs associated with travel to work, uniforms, and training, lack of compensation, Caregivers work conditions, as well as disrespect from individuals who believe a caregivers work is “menial”, can lead to a high turnover in the caregivers profession. Caregivers do not get enough instruction regarding the senior’s needs. “We do just what we think needs to be done – and because we don’t want the senior to suffer we do things we know we shouldn’t. Caregivers need extra training on proper lifting techniques. Caregivers’s limitations need to be considered. *“For example, you can’t send a person with a bad back to work with someone who needs to be lifted all the time.”* Caregivers need to understand the job requirements. *“Agencies should set ground rules for seniors and their families’ right at the beginning.”* It would be beneficial to have a support group for caregivers to learn about diseases, and issues pertaining

to seniors. Caregivers are concerned that they do the same things in the home of a senior as they do in the nursing home but they don't get paid the same.

- **Family paid caregivers:** Paying family members to care for the seniors would also help seniors stay in their own homes and communities.
- **Government responsibility:** Government has to share in some of the responsibility. They need to include services to seniors in the budget, particularly since the population is aging so rapidly. Government should include more products and services on the drug card. It would be more cost effective for government to invest in home care rather than paying for a person in a "home". The senior population is growing and this issues needs to be addressed before the situation is critical. Government needs to contribute to standardized training of caregivers.
- **Cost:** Seniors would take advantage of events if they were free. *"Seniors don't go places because they don't have money for it or don't want to pay for it."*
- **Help Line:** There needs to be a central location where seniors can call for help. For instance if when seniors need help with shoveling steps, or putting wood into the wood stove. If they called one number then someone could be send to their house. Perhaps seniors only need information on where to find something in town.



## **5.2( C) Caregivers Focus Group Evaluation Comments**

### **What was one thing you liked or learned during the focus group discussion today?**

- I felt the session was very informative. The concerns we experience as caregivers were very well addressed and were quite similar. Very enjoyable and informative.
- Openness.
- Nice, relaxing atmosphere.
- The home care building idea.
- A building for seniors to get together. Entertainment or home visits.
- I enjoyed the most, the discussion about a homecare building.
- A home care building and trying to do more things with them and keeping them happy.
- Excellent idea - home care building with accessibility.
- It was a very nice day with you. I think what we got is all we need.
- Nice to get other caregivers points of view.
- Nice little chat. Very interesting.
- Nice chatting with you and others.
- Just enjoyed the talk and different opinions.

### **What was one thing that could be changed or improved upon for the next focus group discussion?**

- Nothing.
- You did quite well. Have another meeting.
- Nothing.

- The meeting was great. I hope she can get things done.
- Nothing.
- More people partaking in the sessions.
- Bigger crowd.
- More people, more community involvement for seniors.

**What are some general comments you would like to make  
about today's discussion - a hope for the future.**

- More services for elders.
- Hopefully some of the issues we addressed today will be taken care of in some way.  
Services put in place e.g. volunteers, more outreach.
- Very informative.
- Margie did a fabulous job discussing the homecare situation.
- Stay in their homes.
- Input from family would certainly be a big help.
- I enjoyed the meeting. I will tell my family about it.
- She can ask more questions. But she did good.
- It was very nice meeting you. It was a very enjoyable evening. If there is anything I need to know I will get in touch.
- Very interesting. Nice meeting you.

### 5.3 Seniors' Human Resource Study Key Informant Interviews

**Table 4:** Key Informant Interview Participation

Participant Groups
001-100 Seniors Club Presidents/Representatives
101-200 Health Professionals/Health Agency Reps.
201-300 Private Sector Agency/Reps
391-400 Caregivers (paid/non-paid)
401-500 Municipality and government officials
501-600 - Community leaders/Stakeholder organizations
601-700 - Post Secondary Reps
Total 35 + 7 pre- test interviews

## Response Rate

Out of the forty-eight people who were approached and agreed to be interviewed in the interview process, forty-three people completed the interviews, including 8 who completed the pretest. This gives us a response rate of 89.6%.

## Survey Response Rate

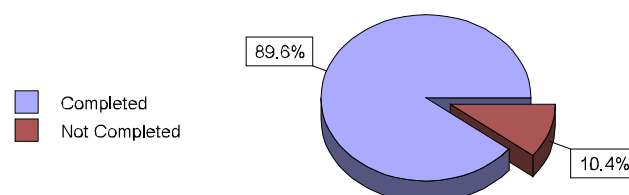


Chart 19

## Pretest questions that were not on the final questionnaire

### Q1. What are the key issues, needs and concerns of seniors? Caregivers? Current? In 10 years?

Respondents felt that affordable, accessible and availability of health care, transportation, financial help, housing, education, security, loneliness, activities, community support, advocacy, home care and costs of services were the most prominent issues of seniors currently and in the future. Caregivers would be concerned about their working conditions, family and access to support and services

### Q. 10. Based on your knowledge and expertise, what are the key issues, needs and concerns to be addressed in regard to human resources in the seniors care sector?

Respondents indicated that lack of training, encouraging late retirement, policies and availability of human resources were key human resource issues that need to be addressed in the seniors care sector.

## 5.3 Key Informant Interviews Trends(Service/Care Provider)

### Section 1. Needs and Services

**Q 1. Based on your knowledge, what gaps exist in services for seniors (which result in services not being delivered or accessed). Please comment on the following categories in your response.**

#### A. Housing

- **Affordability:** Lack of affordable rental property
- **Maintenance:** Seniors who own their own homes can not afford to maintain their home or do necessary repairs.

*“ One major problem is the national building code whereby when elderly people apply for mortgage assistance the required construction is far beyond their needs and affordability”*

- **Utilities:** The price of heat/lights are very expensive for seniors
- **Availability:** Not enough housing types  
- lack of cottages or seniors homes

### Question 1. (A)

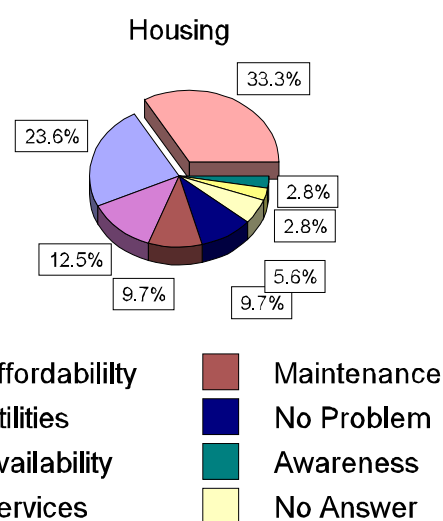


Chart 20

*“ There is not enough suitable rental units, with no stairs etc and the location of apartments that allow the seniors to putter around in a garden with access to outdoors and yard.”*

- **Awareness:** Seniors are not aware of what housing options are available to them, or how to access them
- **Services:** Lack of available services to help seniors stay in own home.

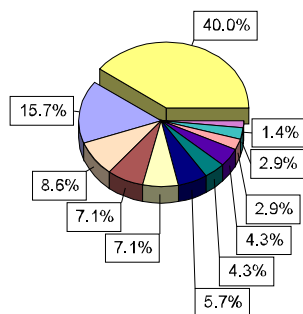
**B: Services to help older adults live at home/in own community**

- **Affordability:** People approved for home supports can not afford to pay the contribution, or those who are not eligible to receive funding can not afford to pay the entire costs.

## Question 1. (B)



Services to help seniors st



- **Insufficient hours:** Those approved for home support do not receive sufficient hours to meet their needs. They receive 2-3 hrs a day but require a lot more.

- **Availability:** Many resources are not available in small communities such as banking and Meals on Wheels. There is a lack of community groups.

- **Transportation:** Lack of transportation to access the services.

Chart 21

- **Family:** Lack of family support, family members have moved away, or complaints that they are not allowed to have family members as paid caregivers.
- **Training:** Lack of trained individuals to provide care for the older adult.
- **Professionals:** Lack of non-nursing professionals such as Occupational therapy, physiotherapy etc.
- **Awareness:** Seniors are not aware of services available to them.
- **Coordinate/Prevention:** There is no coordination of volunteer and other available services to serve seniors. There is no interagency committee focused on seniors and aging. Also there is a lack of service coordination in communities from Seniors Resource Centre - no office outside of St. John's.

*“May need to coordinate a list of people and volunteers willing to do this (provide services) and some way to screen to ensure safety of seniors. (Also, need) a list of companies that do home deliveries etc.”*

## C: Safety

- **Equipment:** Seniors do not have proper equipment in their bathrooms e.g. grab bars etc. or pill boxes.
- **Education:** Seniors as well as community members are not aware of what services are available. Communities are not aware of what is needed.

## Question 1. (C)

### Safety

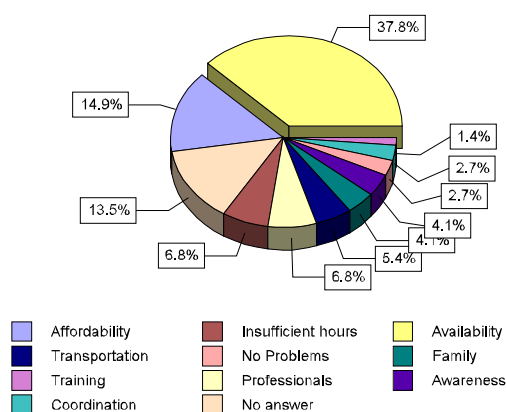


Chart 22

- **Availability:** Lacking support systems in the community such as 911, or professional caregivers.

*“Need of emergency number to coordinate a signal with neighbours, e.g. if a curtain is not opened at a certain hour (agreed upon time), check.”*

- **Affordability:** Seniors can not afford equipment or things such as snow clearing services.

## D: Health Care

- **Waiting-list:** Long waiting list to see family doctors, specialists and to have special procedures.
- **Transportation:** Have to travel long distances to see specialists or to have certain procedures.

- **Drug coverage:** Many expensive drugs are not covered and clients have to pay for them, as well, there is no coverage for older adults up to 65

- **Health care providers:** Insufficient health care providers, causing them to be overworked and can not spend extra needed time e.g. seniors. Lack of sufficient knowledge to deal with elderly.

## Question 1. (D

### Health Care

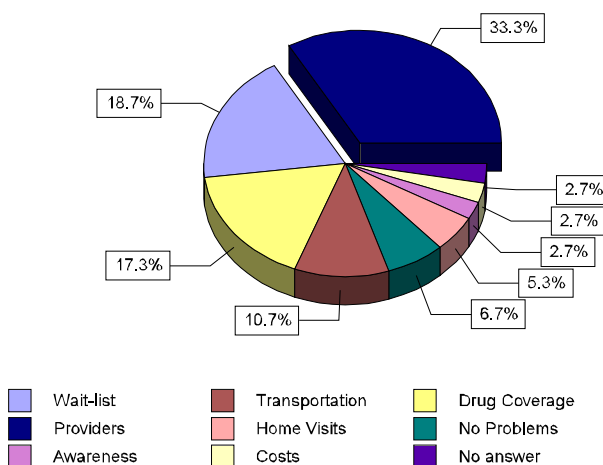


Chart 23



*“Cases of doctors who are not treating the senior for all of their complaints in one day, so forcing them to make return calls to the office etc.”*

*“ Another concern is doctors in rural areas having a frequent changeover, resulting in not having one consistent doctor who is familiar with their care.”*

- **Home visits:** Many seniors can not get out of their homes and very few doctors will do house visits.
- **Awareness:** Seniors need to know who the professionals are and how to access professional health care.

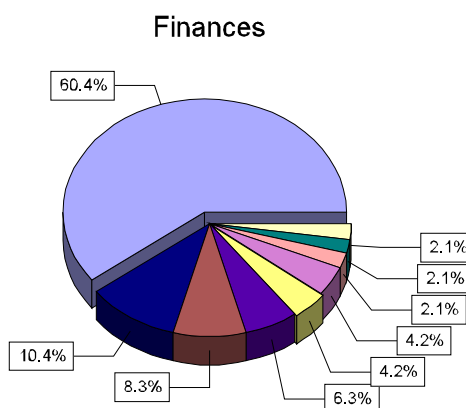
## **E: Financial Security/economic vitality**

- **Fixed Income:** Most seniors are living on basic old age security. Seniors are unable to pay for basic necessities such as proper food and medications.

*“Limited incomes, but guaranteed income can make some seniors target for abuse and fraud.”*

- **Family:** Seniors have to rely on family to provide financial assistance.
- **Abuse:** Many seniors are abused financially through scams. Etc. Family still relying on seniors to support them. Chart 24  
Lack of knowledge/skills to budget or set up appropriate bank plans.

## **Question 1. (E)**



- **No problems:** No problems with amount of income
- **Business:** Economic vitality of business at risk if they do not adapt to senior consumer.

*There is a “lack of awareness in the business community re: weight and difficulty opening heavy doors to having easy access.”*

- **Planning:** A need to help seniors with retirement plans.

*“ Certain a need for retirement planning, only begin much earlier than 50 though.”*

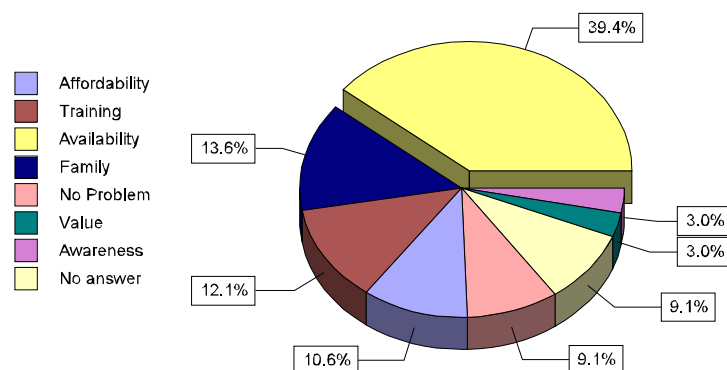
- **Taxes:** Tax breaks for seniors

- **Counselling:** Seniors require financial counselling to help manage a limited income.
- *“ May need counseling for finances and to know who and where to obtain sound advice. If a cost is involved they should have volunteer help”*

## F: Support for caregiving

### Question 1. (F)

Support for Caregivers



- **Affordability:** Home supports that are available are still too high for seniors to contribute.

- **Training:** Caregivers are not properly trained to care for seniors.

- **Availability:** Insufficient hours to what seniors need in homecare.

Chart 25

Lacking support groups. Family not able to provide assistance. Family can be paid caregivers.

*“ There is very little ‘free’ support available for seniors, most of the volunteer work done, is done in institutions etc. Many seniors can not get out of their house to take part in activities and little services are out there to provide to seniors in the home”.*

- **Family:** Little support for the family caregiver.

*“Seniors caring for seniors/aging children, some who have disabilities”*

- **Value:** There is a lack of recognition and value of the family caregivers by public health and health systems.
- **Awareness:** Caregivers are unaware of services available to them.

## G: Transportation

- **Public transport:** Lack of public transportation for seniors to avail of services. Lack of transportation modified for disabled.
- **Affordability:** Seniors can not always afford the costs of cabs. High costs of owning own vehicle, gas prices, maintenance et.

## Question 1. (G)

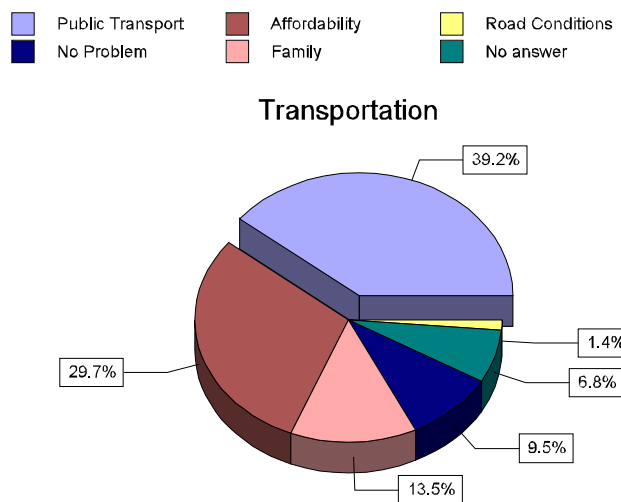


Chart 26

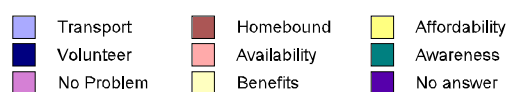
- **Road conditions:** Seniors are not able to travel to larger centers out of town especially in winter due to road conditions or transport only by boat.
- **Family:** Seniors have to rely on family to provide transportation and they may not always be accessible. Have to depend on caregivers.
- **No problems:** Despite challenges due to geography and distances between services and costs some senior express no problem with transportation.

*“We are used to having to take the boat to get to the hospital in Burgeo. It’s a way of life”*

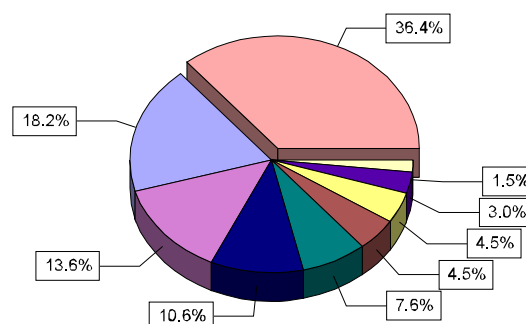
## H: Community participation/recreation/social activities

- **Transportation:** Many seniors not able to access activities because of lack of transportation. Distances - far to travel, some communities are spread out.

### Question 1. (H)



Participation/Recreation



- **Home-bound:** No services for people who can not leave their house. No one to stay with husband/wife who can on attend.

- **Affordability:** Seniors can not afford to take part in activities

- **Volunteer:** No enough volunteer groups to provide recreation to seniors.

Chart 27

- **Availability:** Not enough resources available/accessible especially in rural areas. Places with high noise levels are bothersome to seniors. No support groups. Need building for activities.
- **Awareness:** Seniors are not aware of available services. *“Not enough promotion”. “Schools could be producing seniors newsletters during school year and distributing them to seniors in the area.”*
- **No problem:** Lots of recreation available. *“Lots of seniors clubs in the area”*
- **Coordination:** Services are not coordinated. *“Need coordination to ensure that all recreation activities are inclusive of all seniors, that seniors are aware of programs and they can help plan suitable activities for themselves.”*
- **Benefits:** Communities don’t understand the importance of community participation for older adults. *“The benefits of social program in small communities are not recognized.”*

## I. Training and Development for seniors themselves

- **Technology:** Many seniors are afraid or intimidated by advances in technology such as debit cards, telephone banking. They are only used to person to person contact.
- **No problems:** Opportunities are there but seniors don’t take part. Unsure what is needed.

### Question 1. (I)

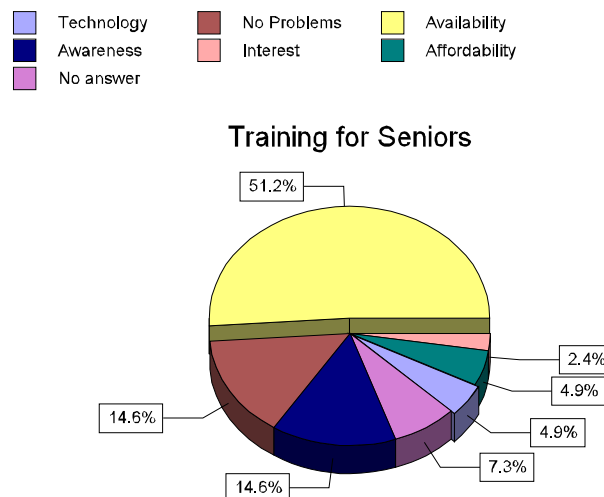


Chart 28

- **Availability:** Programs don't exist in rural areas or sometimes in larger areas.
- **Awareness:** Seniors are not aware as to what training is needed. No awareness of what programs are available.
- **Interest:** Senior lack the interest of taking part in training activities.
- **Affordability:** Seniors can not afford to take part.

**Q 2. What are the key issues, needs and concerns of caregivers? ( Please comment in light of the current situation and on what the situation might be in 10 years).**

## Question 2.

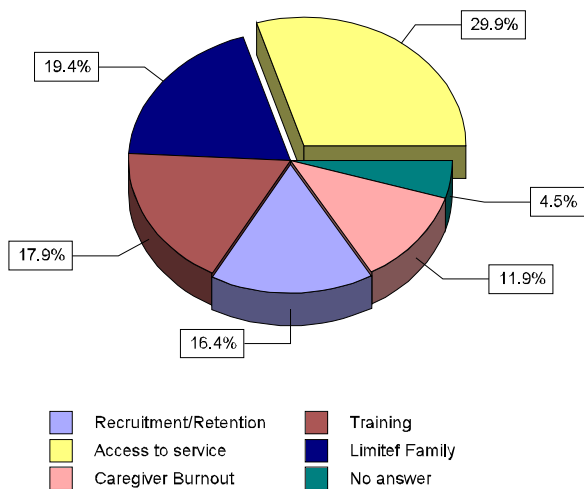


Chart 29

- **Recruitment & Retention:** Caregivers are underpaid and lack benefits such as disability. “ People are leaving because they can't afford to live on homecare wages.”
- **Training:** Caregivers do not receive adequate training E.g. How to use lift equipment, meet special needs of the elderly, safety issues.
- **Access to Services:** Limited funding/subsidies to support appropriate services e.g. night care, affordable respite, renovations and availability of services and programs to meet the needs of seniors.

- **Limited family support:** Family members do not receive pay/relief for the caregiving they provide. Limited resources due to smaller families/out-migration/loss of family income.

*“Without increased caregiver respite and support, health of those in this role will decline and add further costs to an aging population”.*

- **Caregivers Burnout:** There is a lack of caregivers support such as relief, respite, support groups; professional support for care planning; guilt feelings. “...burnout due to insufficient backup services in the community.”

**Q 3. What might prevent seniors from availing of existing services? Please indicate your view of how serious the barriers are for seniors.**

- **Knowledge:** Seniors lack knowledge of the available services and there is limited promotion of services. *“More program should be available to educate on aging issues and solutions.”*

- **Inability to pay:** Seniors have limited ability to pay for services. There is a lack of government subsidy, insurances, multi generational families depend on seniors incomes. Fear of divulging finances.

- **Transportation:** Seniors are sometimes

unable to get to/access services because of cost of transportation and a lack of transportation means.

### Question 3.

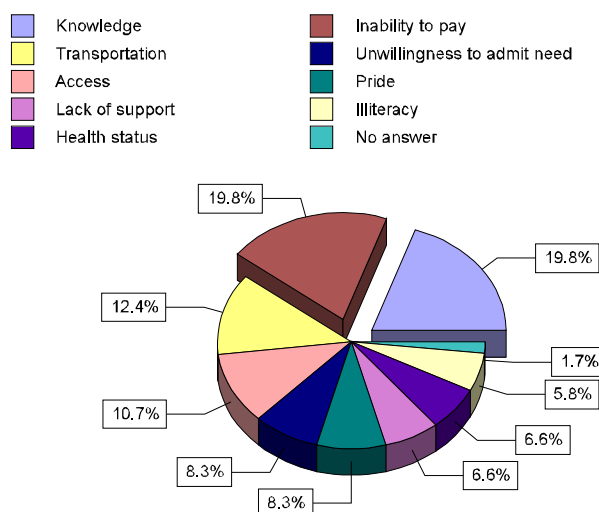


Chart 30

- **Unwillingness to admit need for service:** Seniors may not recognize their limitations, or need for help; strangers working/living in their homes; fear of institutionalization; fear of loss of independence and privacy; financial commitments; *“being a burden to someone”*.
- **Access:** Timely access may not be available due to wait lists; services not available in the seniors community; limited to how much care is provided.
- **Pride:** Even if the senior sees they need help, many do not want to ask for help or are too proud to take government help. *“Pride is a large factor when it comes to seniors asking for help”*.
- **Lack of support:** Limited or no family support; no advocate, especially during time of ‘need’ or for community services.
- **Illiteracy:** Program information not understood; forms/requests are difficult to fill out; low literacy levels in current senior population.
- **Health Status:** Medical conditions; memory loss can prevent self-advocacy.

*“These barriers put seniors physical and emotional well-being at risk”*



#### Q 4. What are the issues that:

##### A. Help the development of appropriate services to seniors?

- **Lobby:** As the population ages more issues are recognized and therefore the need for new/additional services.; lobbying is a means to secure funding/resources etc. *“We have a growing senior population which helps push discussion of health and long-term care fore seniors.”*
- **Needs Assessment:** The identification of relevant needs/issues and the recommendations to meet the needs are often achieved by surveys, meetings or seminars. *“Find out what the seniors feel they actually need - and talk to them”.*
- **Research Based Direction:** As trends/issues are identified, the strategies recommended should be proven as viable, accurate solutions; e.g. pilot projects.

### Question 4. (A)



Chart 31

- **Funding Sources:** Once future directions are identified, adequate funding/resources are needed to implement and maintain services, as well as financial subsidy programs.
- **Advocacy:** Include seniors as a key stakeholder; identify what they feel they need; include families; include local community groups e.g. churches
- **Volunteers:** Volunteer programs can provide a cost-effective level of services within the community.

- **Education:** Education and awareness programs to seniors and family caregivers heighten the level of knowledge and need for services and types of services. *“Public awareness of the seriousness and the problems we face and will face in the future due to our aging population”.*
- **Demographics:** Growing aging population; living longer; consumer base is expanding.
- **Resource mobilization:** Getting resources mobilized helps develop services. There is a need for future planning and collaboration of partnerships by existing agencies. Focus on seniors. Extend the seniors resource center and long term staffing beyond St. John’s.

#### B. Hinder developing appropriate services to seniors?

- **Attitudes about aging:** Myths about aging; fears of agism; lack of knowledge about special needs of seniors; seniors themselves not raising their concerns.

### Question 4. (B)

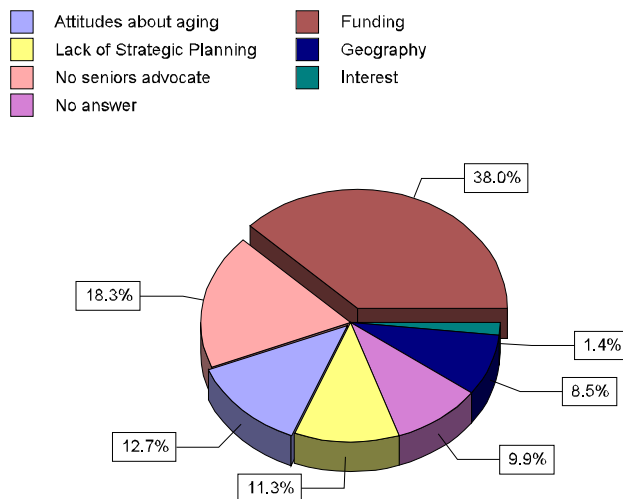


Chart 32

- **Funding:** No funding sources/budgets to support program development; service enhancement; no resources, spaces, fewer volunteers. *“Not having the money or resources to put services in place.”*
- **Lack of strategic planning:** No will/desire to engage stakeholders including seniors to plan for future needs in communities or at prevention/promoting healthier lifestyles.

- **Geography:** Interferes with development of viable services in smaller rural areas; transportation prevents access. *“Because of the land in Burgeo building homes is prevented”.*
- **No seniors advocate/lobbyist:** Varies among areas; no strong voice lobbying for seniors programs, funding and resources. *“Those that lobby for seniors’ help bring their issues to light. As the senior population grows, it will be impossible to ignore their needs.”*
- **Interest:** Not enough research done to determine the needs of seniors. They need more advocacy. *“Seniors need more of a political voice although these days demographics certainly are in their favour.”*

**Q 5. What are the weaknesses that our communities have in terms of helping older adults live independently at home?**

- **No funds:** Not enough money in the community to support seniors services.

## Question 5.

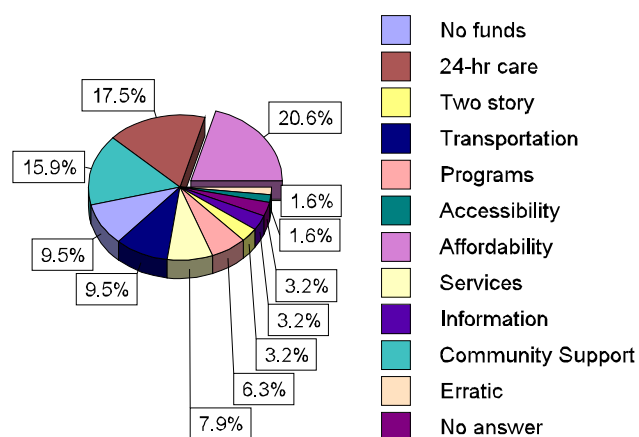


Chart 33

- **24 hr. homecare:** No 24 hour home care services. *“Most live in their own home but only have a caregivers by day and they need them by night also.”*

- **Homes:** two story homes - problems with accessibility, cost too much to heat, need modifications.

- **Transportation:** No transportation for seniors. Isolation, which leads to lack of

medical services. *“Community does not offer free services such as transportation for people in their home.”*

- **Programs:** Seniors and family members are unaware of programs for seniors. “Lack of knowledge of the need for help”.
- **Accessibility:** Declining informal caregivers networks due to out-migration, reduced size of families, working outside the home.
- **Affordability:** More seniors can not afford to maintain their own homes due to cost of heat, lights, medical care and personal care.
- **Attitude:** Attitudes of people, building confidence. *“ Afraid of certain things, limited with what you can do.”*
- **Information:** Very few places to go to find information on what is available
- **Community Support:** Smaller communities. No support from the business community and the public at large. *“Our communities are becoming smaller because of out-migration, extended families is less, strapped financially”. One senior club president said “We have become victims of a generation gap and dependent on our personal needs.”*
- Not coordinated: Erratic, non-streamlined, inconsistent from community to community.  
*“Communities are not looking at local resources to meet needs. “E.g., school age children, youth, seniors for mutual benefit. Available supports are not shared or mobilized to meet needs, every places wants their own X, Y and Z.”*

**Q 6. What are the strengths and opportunities our communities have in terms of helping older adults live independently at home?**

- **Family:** Family supporting families. *“Our communities have a helping attitude. We have a close knit community.” “People who care”.*
- **Services:** Good medical services provided by the Western Health Care given the number of people they have available. *“There is a home support program funded by the Western Regional Integrated Health Authority. Bay St. George Long Term Care offers a respite program, day care Meals on Wheels. Transportation to the day program is provided.”*
- **Community Support:** No volunteer organizations helping to support seniors. No utilization of local resources. *“Organizations donate time for seniors development e.g. church groups, Lions/Lioness etc.”. “Our Zone is made of small to moderate size communities, and we have a very caring population. We are willing to do what is required to assist elderly.”*
- **Affordable housing:** Affordable housing in Stephenville. *“Increase in housing developments for seniors”.*
- **Municipal Services:** Sidewalks are wheelchair accessible, most municipalities give breaks to seniors.
- **Awareness/ Demographics:** We’ll have heightened awareness of seniors issues as a result of aging population.

## Question 6.

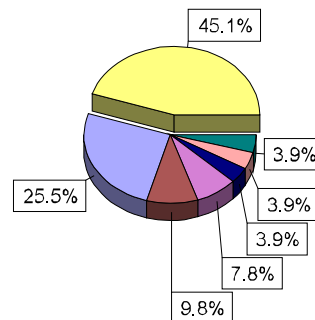
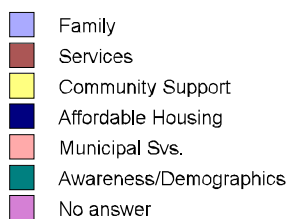


Chart 34

**Q 7. What are the opportunities our communities have in terms of helping older adults live independently at home?**

- **Use of/Expansion of Current Service System:** The current system has services that need to be utilized or expanded further for example, increase the number of people who use the Newfoundland and Labrador Housing Services, bring services to seniors at home, expand meals on wheels, increase the number of respite workers and training. The increasing number of seniors should make it easier to coordinate services; concentrate efforts in a few areas versus all over the place. Use community capacity building withing communities “One on One” model - one person helping one senior.
- **Community Help:** Caregivers, family and friends, youth clubs and the community as a whole provide help to seniors and should continue to do so. Communities are aware of their seniors and should know when they are in need.

## Question 7.

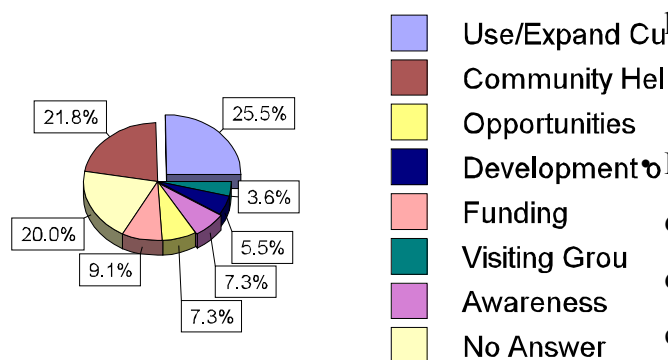


Chart 35

- **Opportunities for Seniors:** Older people have much knowledge and should be encouraged to share it with the community and vice versa; bring older persons to the school system; teach seniors how to live health lives, eat well and exercise.

**Development of partnerships:** Partnerships can be developed among all levels of government and a district advisory council looking at needs of communities; involve communities in the development of community services; improve infrastructure.

- **Funding:** Funding for community supports for example increased independent housing development; remove financial barriers to getting services.
- **Visiting groups:** There is an opportunity for all communities to establish a visiting program such as “Friends Visiting Friends”. *“We have parish visiting, a community wide network in place for elderly people. Not just when ill.”*
- **Awareness:** More awareness of services is needed.

**Q8. How do you think our communities could be improved so that they are more senior friendly and better able to help older adults live independently?**

- **Municipal Services:** Our community should offer snow shoveling, lawn mowing and minor property repairs - hire a person.

## Question 8.

- **Community Support:** Provide public transportation; give property tax breaks and provide snow clearing for driveways, more interaction with young people, activities and change attitudes. More visitation and social interaction. *“...Seniors are definitely not viewed as persons worth putting money and time into. Due to increased stress being*

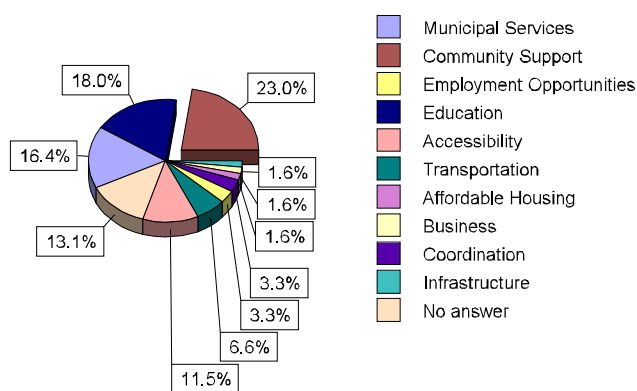


Chart 36

*are automatically being seen as ‘problems’ even when in hospital for legitimate medical problems.*

- **Employment Opportunities:** Continue the development of partnerships of different organizations to develop a project to help seniors live independently. *“ A center where a senior can avail of a while area of services; day program, hot meal, exercise, personal care, nursing care, restorative services, medical care, foot care, recreation activities - transportation included for areas that don’t have access to same program. ’*
- **Education:** Provide educational facilities for caregivers and seniors. *“ How to ” training - make seniors more accountable to themselves. ” “Seniors are and can continue to be active community people and need encouragement and proper attention to maximize their abilities...”*
- **Accessibility:** Have more ground level housing that is wheelchair accessible and friendly.
- **Transportation:** Provide more affordable transportation in the community.
- **Affordable housing:** Provide housing based on seniors income; increase housing development “offer more homes”.
- **Business:** Improve wheelchair accessibility of businesses. Adopt to seniors population. *“Large print on menus. ”*
- **Coordination/Infrastructure::** *“There is a need to coordinate efforts to bring all the community players together to ensure that the community is inclusive, seniors friendly, all can play some role from the recreation to the shop keeper. Unless the community includes the special needs of seniors in its planning and keeps their issues in the forefront they become left out of development and needed improvements in staffing and infrastructure.”*



**Q 9. Identify at least one thing you would change in your community that would contribute to a better quality of life for seniors, improve services to seniors or encourage independent living for seniors.**

- **In-home services:** Grocery delivery, housekeeping, grounds keeping, cleaning, shoveling, running errands, banking, bill payments. *“Give seniors at home more options for services at home”.*
- **Public health:** Public health home visits to check up on seniors
- **Assisted living:** More places like Emile Benoit House
- **Awareness:** Need awareness about services and about health and medication issues. *“I think seniors are well looked after except those who are not aware of what can be done for them”.*
- **Volunteers:** Volunteer groups to visit seniors
  - Friendly visitor program; move involvement of youth and seniors’ advocacy.
- **Socialization:** Get more seniors out to the seniors club. “Seniors Wellness Center”, seniors groups.
- **Transportation:** Having a community/seniors bus. *“Having a seniors’ or community bus would be a good way for them to travel cheaper. It would be a good*

## Question 9.

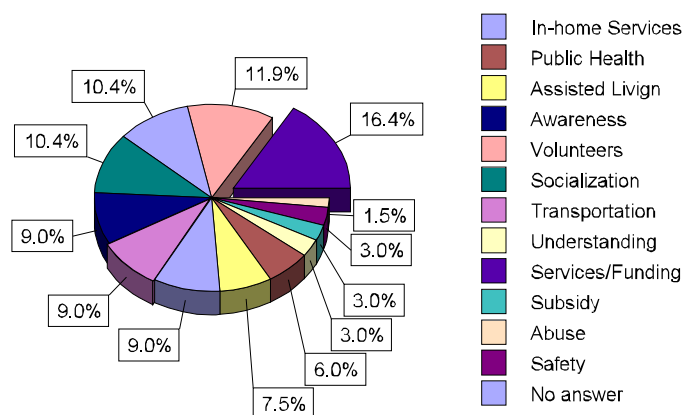


Chart 37

*way for them to get out and do more together.”*

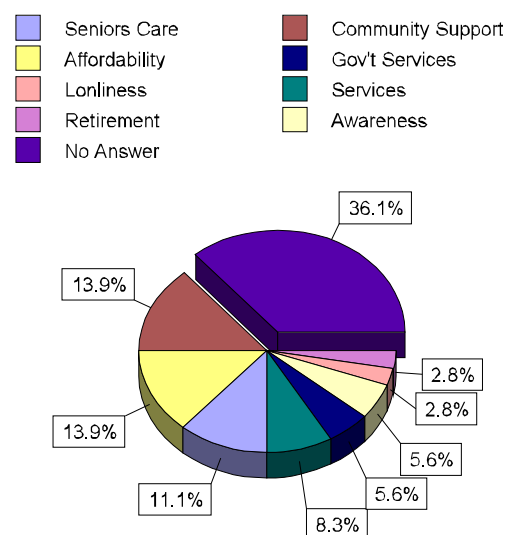
- **Understanding:** Increased tolerance and understanding of seniors issues by institutions/services providers.
- **Services/Funding:** Increase funding; decrease wait lists, change financial assessment method, better-coordinated services and payments to family/friends. *“Provide more government funding to increase the amount and quality of home supports...change financial assessment for home support”.*
- **Subsidy:** Property tax discount, town to provide a subsidized ‘handyman’.
- **Abuse:** Seniors abuse (money related)
- **Safety:** buildings to be wheelchair accessible; senior safety issues ‘oil stoves’.

**Q 10. Do you have any other comments regarding the provision of care to seniors (e.g. gaps in services, unmet needs, challenges or barriers to accessing services)**

- **Seniors Care:** Seniors lack of knowledge of services available
- **Community Support:** Public transportation not available

Chart 38

## Question 10.



- **Affordability:** Most seniors cannot afford to take advantage of entertainment in the community.
- **Government Services:** The government is very lax in providing services and funding for seniors.
- **Loneliness:** Seniors find it lonely because of lack of gathering places.

*“In the field, it is only the absolute necessities being provided. The basic physical needs are being provided. There are many seniors who can not leave their homes and suffer because their emotional needs are not being met. They are very lonely and there are no respite hours being provided.”*

- **Services:** Very few charitable or volunteer organizations are geared towards seniors.
- **Retirement:** *“Remove mandatory retirement at age 65 for those who want to continue working.”*
- **Awareness:** Seniors are not aware they may qualify for funding through government departments. *“A senior who normally would not qualify for income support may qualify for assistance with medical needs.”*

## Section 2: Human Resources

For this research study, Human Resources can be defined as the people who provide services to seniors and the skills, attitudes, qualities, characteristics, ideas and beliefs they possess. This includes nurses, social workers, occupational therapists, physiotherapists, speech pathologists, personal support workers, personal care workers, home support workers, and family caregivers.

**Q 11. Based on your knowledge and experience, what are the key issues, needs and concerns to be addressed regards to human resources in the seniors care sector?**

**A. Availability of human resources (public, private, volunteer) who provide services to seniors:**

### Question 11. (A)

- **Resources:** Not enough hours for all needs and in all communities; therefore wait lists; expensive, or not getting done.

- **Interest:** Seniors need to take more interest in available workshops

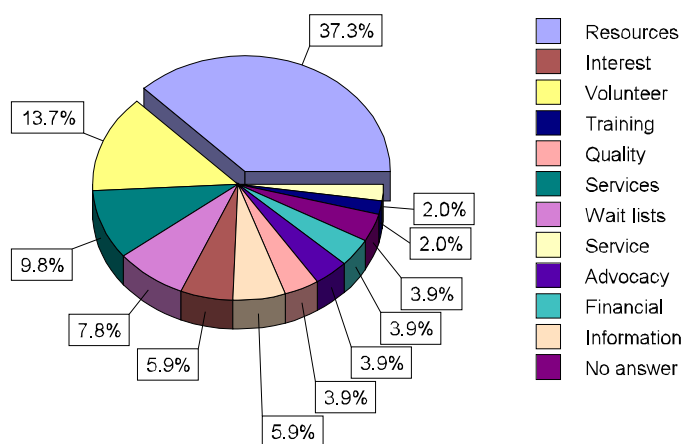


Chart 39

- **Volunteers:** Volunteers are stretched to their limit and the numbers are fewer, not always geared towards seniors.

- **Training:** Need more trained community-based support workers, especially because seniors hire private people.
- **Quality:** There is no assurance the people seniors hire have the proper training (basic) like private workers.
- **Services:** Lack of O.T. services (Occupational Therapy)
- **Wait lists:** There are wait lists in the public sector, wait lists for all services, sometimes over a year for specialists.
- **Service:** Most government departments (Fed.) Have no live voice; it's very frustrating for seniors.
- **Advocacy:** Seniors need their own advocate from the public sector.
- **Financial:** Not enough financial resources allocated to provide services to seniors.
- **Information:** Seniors need specific information and are not getting it all the time e.g. food issues, communication, safety, financial.
- **Criteria/policies:** *"Health care professionals and others are not able to offer assistance based on need. Assistance is based on a financial assessment first, need second."*

**B. Quality of human resources (public, private, volunteer) who provide services to seniors?**

- **Training:** Public sector is highly trained and expected to be but not so for private sector (qualifications) and caregivers e.g. meds, CPR, standards.

## Question 11. (B)

- **Policies:** Some policies in public sector hinder quality delivery of services (limits workers to what can be done).

- **Procedures:** Seeing doctors in hospitals and in clinics takes a lot of time, waiting on the day and waiting for the day.

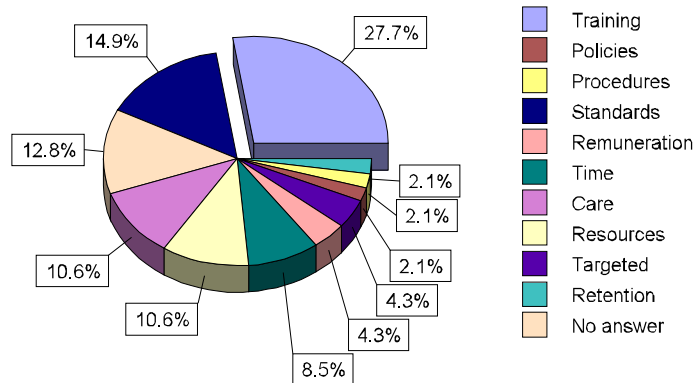


Chart 40

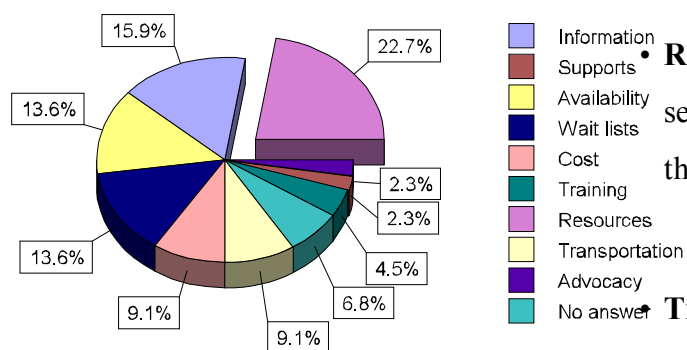
- **Standards:** There is a need for standards of care and training across all delivery, private, volunteer, caregivers and public.
- **Remuneration:** Wages are often low for homecare workers and may not attract the most qualified.
- **Time:** Those delivering care are stretched and don't have enough time to provide quality care.
- **Care:** Seniors receive excellent quality of care from providers and caregivers.
- **Resources:** Not enough quantity affects quality
- **Targetted:** Seniors need specialized services and individualized attention and not grouped with all other healthcare/community groups - they have special needs.
- **Retention:** We loose people because of noncompetitive wages/salaries

### C. Accessibility of human resources (public, private, volunteer) who provide services to seniors?

- **Information:** It is difficult for seniors to get information, fill out paper work, get a 'real' person on the telephone vs. answering machine or travel to the person.
- **Supports:** Caregivers can provide support Eg. private cars. Etc.
- **Availability:** Services are available even if not in your community if you choose/can get there.
- **Wait lists:** Takes a long time to see a doctor.
- **Cost:** It is costly to travel to see a doctor/other health professionals if necessary.

- **Training:** There is a need for more trained people particularly outside of the public health care system Eg. private, caregivers volunteers.

### Question 11. (C)



- **Resources:** There are not enough professionals to services all the seniors needs when they need/want them and where they want/need them.

**Transportation:** All seniors do not have access to transportation to take them to and from health care services.

Chart 41

- **Infrastructure:** Seniors Resource Center & or other infrastructure need by seniors.
- **Not enough advocacy:** Seniors need a person devoted to seniors issues.

**Q 12. How do changes to the work environment affect the workforce of people who provide care to seniors? (e.g. the regionalization of health care services, changes to policies or programs.**

- **Regionalization:** Regionalization of services results in job loss and people move away. *“We are already too short staffed in most work places. With regionalization normally comes cutbacks - and usually not in management but front-line workers.” “Centralization very negative. Stephenville needs to retain its service center status.”*

- **Distance to work:** People providing care have to travel further to their place of work and are not as familiar or knowledgeable about their clients.

- **Approval of service:** Affected by regionalization and is longer to obtain.

- **No effects:** Work environment has not changed.



## Q. 12

- **Hospital:** Should not avail of services outside of Stephenville e.g. food for Stephenville Crossing and Corner Brook, when one has a facility here.



- **Strained workforce:** Volunteers stretched to the limits; decreased workforce. “ *They are too busy with volunteering that they can’t take on anymore!*”
- **Travel:** Seniors have to travel further for services.
- **Expense:** Cost more to seek care.
- **Health status:** Deteriorating of health status of seniors.
- **Responsibility:** People hired have more responsibility.
- **Economics:** Economic needs of the employee is the focus.
- **Programs:** Not as available to seniors as income is often a barrier to obtain these programs/services. “ *Policies and programs are not as available as government things they are because programs are in place that doesn’t mean seniors can avail of them because of fixed incomes.*”
- **Automated systems:** No longer getting “a live person” to speak to; voice message system leading to frustration.
- **Lack of industry:** Private businesses only, no industry.
- **Lack of human resources in the future:** “*8-10 years, a lot of LPN’s retiring*”. Lack of young people available to replace retiring employees.

- **Low morale:** Many changes in the work environment means low morale; minimum work and no extras put in.
- **Stress on employees:** Lack of job security. *“When you stress the health care workers and make their job positions unstable, you prevent them from being able to care for patients. If we don’t care for the caregiver, we will have unsuitable care given. When one is always in a state of uncertainty their focus is on the ob, this constant change also causes people to work together to not get along as well. Some policy changes and program changes are healthy and based on what is not working and needs fixing. Others if for cost cutting can have serious side effects such as less accessibility etc.”*
- **Basic Necessities:** Seniors obtaining basic necessities of life e.g. food, clothing.
- **Jobs/wages:** More jobs, increase wages; union necessity.
- **Education:** Need more education for people in caregiving role.

**Q 13. Are there sufficient qualified care service provider agencies or individuals in your area? If not, what is needed to meet current and future demand for services?**

- **Not trained:** Services are not sufficient. Those providing care need more training , especially in the community. “Families are providing care but have little training”. As well, the pay level is not high enough to attract workers. *“It is very expensive for personal care attendants to receive proper training.”*
- **Agency Accountability:** *“Many agencies are not accountable. Treatment of care are not reviewed to see if they are meeting the needs of seniors”. “When policies keep changing it takes a great deal of time to stay on top of everything.”*

## Question 13.

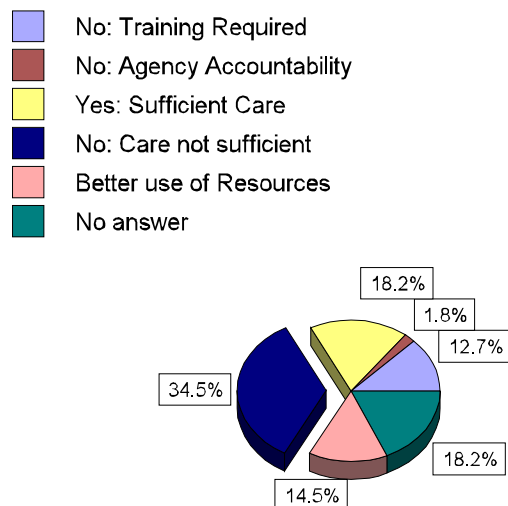


Chart 43

- **Not enough:** Services are not sufficient. Some areas do not have agencies or providers; some areas do not have seniors homes. Not enough 24 hr care, volunteers or workers including homecare workers, Occupational Therapists, Nurse Practitioners, Physicians - urology, oncology, Social workers, general care positions, and full time geriatrician. *"Increase therapists, social workers and community workers for seniors."* *"We have some service providers but not enough for the amount of aging adults we have in our communities today and in the near future will only get worse."*

- **Enough workers:** Care is sufficient. *"Yes, several home care agencies, social workers and nurses involved with seniors."*
- **Better use of Resources:** Need more money put into care services. Nurses, Doctors and Licenced Practical Nurses (Licenced Practical Nurses (LPNS) need to work together - inappropriate use of resources - e.g. Doctors giving flu shots and injections - waste of MCP money.

**Q 14. What are the main issues affecting: (a) the recruitment of and (b) retention of the seniors' care workforce in your area?**

Low wages, limited employment related benefits, stress of work, cost of commute, lack of training and social isolation were the major factors identified by service providers. Lack of funding by the government was

identified by some as a factor. A few indicated that the job being “non-unionized” was a drawback. *“Low salaries and benefits, no job security means high staff turnovers and difficulty attracting staff.”*

- **Training:** Many workers still need to be trained. There should be training for family members. Availability of training.



## Question 14.

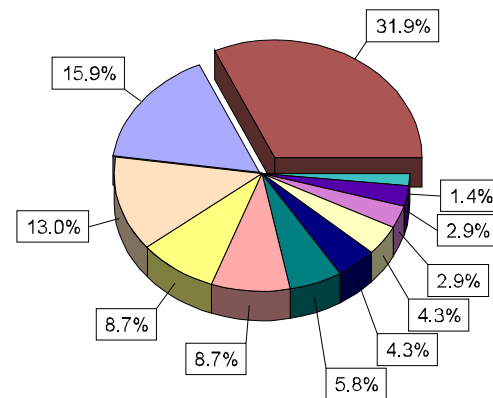


Chart 44

- **Benefits:** Lack of benefits, low wages/pay. No insurance, no workers compensation. Decreasing continuing education opportunities and lack of incentives. *“Lack of benefits and job security may not help serve a workforce in this area”.*
- **Security:** Lack of job security. Continued employment.
- **Commute:** It would cost a lot in transportation (to work out of town) to have ‘live in positions’. *“If you can’t get workers in town and you wanted people to come in to work, it would cost a lot in transportation”.* *“We do have small communities and many professionals would prefer larger centres who can offer them more.”*
- **Over work:** Stress because of poor working conditions and being overworked. Instability within the workplace, case loads too heavy and erratic shifts.
- **Isolation:** “not everyone wants to live in remote, small communities, specifically qualified professionals”. Lack of climate is a factor. Make areas more attractive – have services available for those (workers) who have families.

- **Union:** Non-unionized
- **Funding:** Government funding lacking. Not hiring any additional workers. System needs more funding.
- **Respect:** Treat with respect – ask for input and ideas
- **Numbers:** Not enough human resources available to support demand for services. *“The main issue is the lack of people available who have the home support course.”*

**Q 15. Identify and explain the factors in the work environment which affect the provision of care to seniors (consider the following: collective agreements, compensation, working conditions, recruitment, and training).**

- **Not applicable:** Not familiar and collective agreements etc.
- **Recruitment:** No organized recruiting programs to take care of aging population.
- **Union costs:** Unionized workers are more expensive; stability is evident however. Need more unions; merging of unions. *“Don’t want to see caregivers unionized, more difficulty for seniors to pay them”.*
- **Money:** Lack of money - deficits, overspending; unable to provide more money.
- **Collective agreements:** Limits people’s ability to work. *“Could be positive effects (unionizing the home care workers), may cause problems for the seniors for example if union calls a strike etc.”*

- **Training:** An attitude that people don't need training to care for seniors; not enough training. “ *Not enough training and public recruiting*”.
- **Buildings:** Buildings are old in response to working conditions; environments people work in.
- **Wages:** Lack of consistency of wages among workers; workers doing the same work but paid different wages. “ *Right now the number of agencies who have workers working for different wages greatly affects the continuity of care the seniors receive.*”
- **Lawsuits:** Seniors paying workers privately are at risk for liability lawsuits if workers injure themselves.
- **Staff turnover:** Frustration at staff turnover and how frequently it occurs.
- **Equipment:** Safe equipment for seniors

## Question 15.

- **Advocate:** Lack of advocates for seniors.
- **Don't know attitude:** Some workers have poor attitudes towards the seniors that they work with.

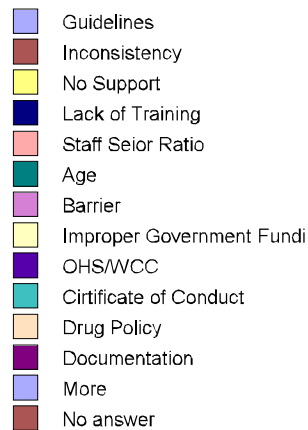


Chart 45

- **Zero benefits:** Increase sick leave. “*Home care workers underpaid, should have equal benefits of other working groups. When workers are more secure they are more productive.*”

**Q 16. Are there any government policies or regulations (or lack of policies or regulations) that affect the work environment of people who provide care to seniors?**

## Question 16.



- **Guidelines:** Policies in long-term care and hospitals to provide consistency and ensure guidelines are followed.

- **Inconsistency:** No structured policies in community; people getting different levels of care.

Chart 46

- **No support:** There is a need for government intervention to provide support and policies around families/caregivers to access financial help and assistance beyond what is given.
- **Lack of training:** Paid caregivers lack the basis for good training. e.g. Home support workers - no policies in place setting proper training standard when working with seniors.
- **Lack of sufficient staffing needs:** Not enough staff to provide services to community; government should have a policy that gives a ratio of staff in all field to # of seniors being cared for. *“Need for recruiting employees now”*.
- **Age:** Government policies based on age impact seniors as they may be eligible but not meet age requirement policies.

- **Barriers:** Policies act as barriers. *“Help for seniors should be based on need first and financial assessment second thus creating more jobs for those who provide care.”*
- **Improper government funding:** Government does not provide sufficient funding to meet the needs of seniors. These policies are based on dollars not needs.
- **OHS/WCC:** Occupational health and safety regulations; workers compensation policy.
- **Certificate of conduct:** No criminal record - All health services workers and other workers required to provide certificate of conduct.
- **Drug policy:** Certain drugs not covered under government policies
- **Documentation:** Need to keep log, running record on daily activities on involvement with seniors
- **More:** Need for more policies and regulations

**Q 17. How will the aging of the ‘Baby Boom’ generation affect the demand for care/services in the future and the ability of human resources to meet this demand? What recommendations would you suggest to meet service demands?**

All participants identified an increase in the demand as the Baby Boom generation ages. *“They will be healthier but they will demand more services.”* Many indicated that the expectations of this generation would be higher due to better education/awareness. Some pointed out that the younger generation leaving the province and smaller families, the need for services would become more prominent. One mentioned that



seniors will be financially more resourceful to afford services. All participants' emphasized need for planning and mobilization of resources, both government and others to get prepared for the expected increase in demand.

## Question 17.

- **Demand:** Increased demand for services – both long-term and home-care. *“Work needs to be done now by all levels of government to provide the funding to have human resources in place to meet the demand”.*

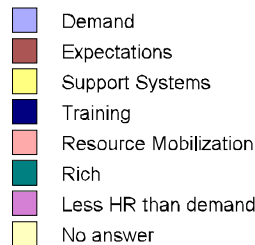


Chart 47

- **Expectations:** Increased expectations because of more education and awareness. *“It will greatly increase the demand. Baby Boomers will be better educated and expect more and fight for it.”*
- **Support System:** Family support system/community support likely to decrease as younger population leave.
- **Training:** More trained care workers.
- **Resource Mobilization:** Mobilization of government/other resources. More funding and planning. *“Gather your facts and implement a program within 10 years.”*
- **Rich:** Seniors will have more money to be able to afford better care.

**Q 18. What are one or more opportunities that would help address the issues, needs and concerns related to services to seniors and help enable independent living:**

**A: Private sector business opportunities**

- **Partnerships:** Government could use private sector when public sector is unable to fill role; or with reputable charitable non-profits ; funding and other partnerships
- **Housing:** Seniors need a place to live without house maintenance
- **Products:** Seniors could use more products made especially for them e.g. clothing with velcro, blister pack (push out pills), scooters in stores in their community.
- **Services:** Seniors could use more services created/targetting seniors e.g. Seniors Resource Centre, fitness, dances etc. painting, crafts, hobbies, home care services/agencies, home delivery...
- **Transportation:** Transportation business targetting seniors

## Question 18. (A)

- **Information:** Seniors need more education and awareness about seniors issues.

- **Training:** Seniors need workshops and other structured opportunities e.g. budgeting, problem solving, recreation, leisure, safety.



Chart 48

- **Meals:** More healthy meals supplied
- **Affordability:** Reduced rates and funding for seniors to improve access/affordability
- **Tax:** Seniors need tax break/no taxes
- **Exercise:** Provide opportunities for healthy recreation/exercise to seniors and future seniors/employees

#### **B: Volunteer sector opportunities**

- **Matchmaking:** Seniors could benefit from an organized approach to volunteer services by a groups of dedicated people to match volunteers with seniors needs.

### Question 18. (B)

- **Services:** Volunteers could help seniors with basic services/care such as yard work, cleaning, painting, Meals on Wheels, Visiting program.

- **Committees:** Seniors could benefit from more active, targeted , issue oriented advocacy, support groups and committees, e.g. hearing group, transportation, caregiver etc.

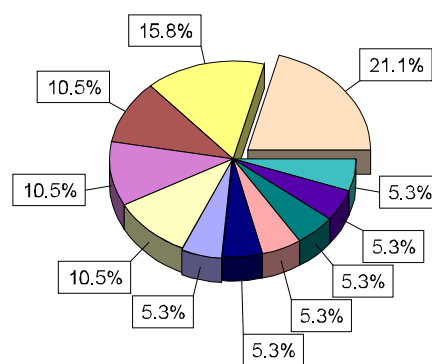
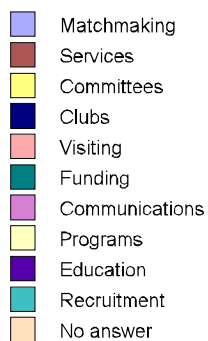


Chart 49

- **Visiting:** Seniors need service/support like visiting clubs
- **Funding:** Seniors groups/initiatives need funding support
- **Communication:** Communities need to be educated about aging population and get ready to provide needed/desired services; seniors and others need to communicate more.
- **Program:** Volunteers can assist in delivery of programs e.g. youth, students, church, as well as in seniors' complexes and homes.
- **Education:** Volunteers need to be educated/knowledgeable about healthy living so they can share this information with seniors.
- **Clubs:** Seniors could benefit from volunteers assistance with clubs and other community organizations.
- **Recruitment:** A list of volunteers needs to be compiled.

### **C: Public sector opportunities**

- **Community-based:** Most public sector jobs are institutional rather than community-based. There is an opportunity to bring more into the community.
- **More use of skills:** Public sector have the training but need more time and personnel to use their skills.
- **Funding:** Put funding into public services such as transportation. Decrease the wait-lists.

- **Services/Programs:** Help get the resource center on the go. There is need for an Alzheimer/dementia support group. Need more programming such as healthy eating, healthy living, outreach, Meals on Wheels, day programs. Expand home care.

- **Personnel:** Increase the number of doctors, nurses and social workers. Create a healthy workplace and provide exercise breaks and stress management sessions for workers. Provide training for

workers. Improve the availability of expertise e.g. O.T. program.

- **Advocate:** Advocate for the needs of seniors and an appropriate level of services.

*“ Hire on a person to take care of seniors issues specifically. ”*

- **Screening of Human Resources:** Public sector should be screened prior to hiring.

## Question 18. (C)

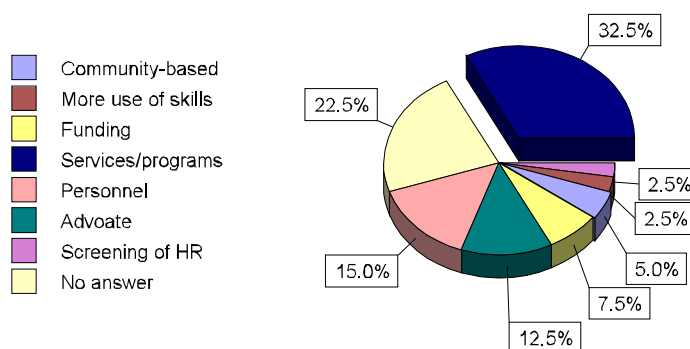


Chart 50

**Q 19. What role can skills training and development plan in addressing the needs, issues and concerns of seniors?**

- **Quality:** Increase quality of care seniors receive “...enable the seniors to get more advanced care at home.”
- **Education:** caregivers more educated
- **Specialist:** Specifically having physicians who specialize in gerontology. “ There are no specialists here just for seniors - we could train people in geriatric. Everyone working with seniors (doctors etc. ) should get seniors training.”
- **Awareness:** Increase awareness of issues that seniors face. Physical/actual equipment needed by seniors/programs needed by seniors.
- **Standards:** People who are caregivers are being expected to have better education and training. The entry to practice is being standardized.
- **Independence:** Ensure independent living for seniors.

*“ Training and skills development play a major role. There are*

## Question 19.

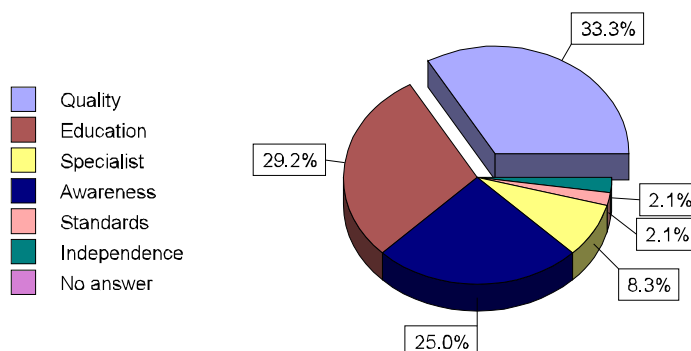


Chart 51

*many stereotypes, attitudes and myths to combat when speaking on needs of the elderly.”*

**Q 20. What kind of skills training and development should be available to the human resources/service providers in the following categories? (Please specify)**

**A. Public sector: (Professionals and support staff in health institutions, agencies and nonprofit; municipality and other government departments who deliver services to seniors)**

- **Geriatrician/Specialized training:** Training in chronic conditions such as dementia and diabetes. Have trained professionals in the community in geriatrics versus institutions . There should be training in seniors issues including health issues such as cancer and heart problems, sensitivity training and elder abuse.

- ▶ Specialized training: Patience and courtesy/sensitivity with seniors; how to affect public policy; advocacy training, “My home is your workplace”, Agency awareness workshops; issues related to aging, use of medical equipment at home, First-Aid, CPR and related programs, how to properly transport patients to reduce caregiver injury, sensitivity to health related issues (e.g. pain, depression, physical limitations, Parkinson, cognitive problems, medical side effects in elderly, geriatrics.

## Question 20. (A)

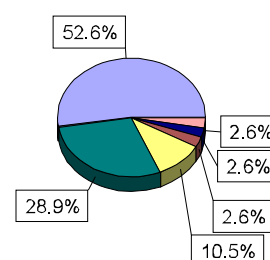
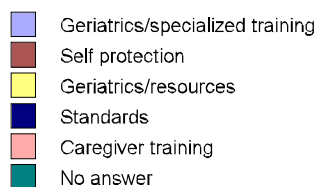


Chart 52

- **Independence:** Self protection. Awareness training and education regarding break and entry, phone scams and life safety by R.C.M.P. and Fire Departments.

- **Geriatric Resources:** More resources, e.g. doctors needed. Psychiatric services for seniors, specialized gerontology doctor required; mental health focus as well as physical health.
- **Standards:** Every professional should have a code of ethics or a minimum standard for skills training.
- **Caregiver training:** Duties and interaction skills working with seniors
  - Communications skills: Confidentiality, rules and regulations regarding the job and legal obligations; concentration, assisting seniors with daily living tasks (financial needs, advocating, performing services); caregiver stress.

**B. Private sector: (Employed and self-employed professionals, support staff, suppliers etc. in the health institutions and agencies who deliver services to seniors)**

- **Standards:** Regulations required to ensure standards of care and training are mandatory.
- **Community Resources:** Bring more trained people into the community versus institutions.
- **Specialized seniors training:** RCMP and others should educate and create awareness and training around self protection; sensitivity training, respect training and kindness; advocacy, recognizing signs of abuse; response and awareness of resources; awareness of chronic diseases that come with aging; sensitivity around needs of seniors; mental health and physical health needs ; information workshops; what senior ‘customers’ want e.g. client needs/business opportunities - large print on menus, wider isles; seats at banks, post office and other public buildings for seniors; First aid; medications and how to



administer correctly; CPR; non-violent crisis intervention; training in communication skills; how to use equipment; train the trainer for services in use of equipment; patience on the job training.

- **Mentoring:** There needs to be closer observation and supervision by employers of home care staff.

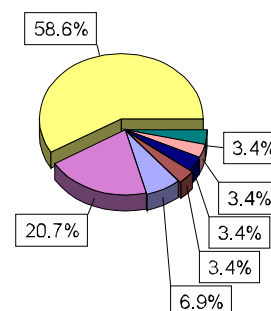
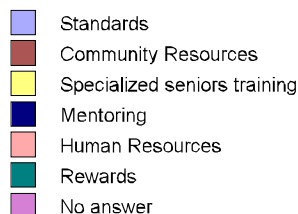


Chart 53

- **Human resources:** More respite workers and public health nurses needed.
- **Rewards:** Training is there, but there is a lack of rewards to obtain it.

### C. Volunteer sector (Seniors' clubs, caregivers, community leaders, stakeholder groups, and others who deliver or have a stake in the delivery of services to seniors)

- **Specialized seniors training:** When seniors need to be referred (needs assessments); most beneficial work seniors need; how seniors can protect themselves.
  - ▶ Public relations; interaction with lonely seniors, sick seniors; personal care techniques; self defense for seniors; skills development; caregiver stress; modern technology; medical terminology, diseases and effects; aging, legal rights; falls prevention; proper lifting; recognizing signs of elder abuse; back injury prevention; healthy life-styles, nutrition; awareness of those who may abuse the kindness and or vulnerability of seniors; mental health training; CPR, First Aid; challenges for seniors; seniors needs; family-centered care; negotiating a 'system' that doesn't always recognize volunteers; programming for seniors e.g. woodworking; gardening, sewing; advocacy training; building relationships and partnerships; information workshops, mental health.

## Question 20. (C)

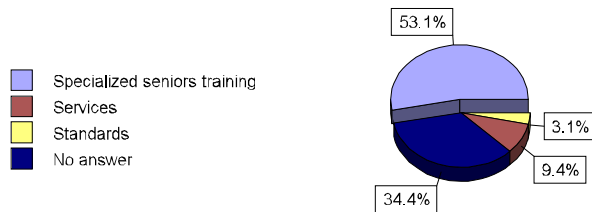


Chart 54

- **Services:** Entertainment for seniors; access to services free of charge; more assisting, checking up on seniors and help with daily activities.
- **Standards:** There needs to be minimum standards of training and care.

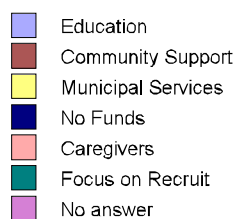
**Q 21. Are there any other issues regarding human resources in the provision of care that you think we should be considering in this study?**

- **Listen:** Need to align the interests of seniors with interest of policy makers, stakeholders and key partners. “In order to develop inclusive responses to issues relevant to seniors, we need to listen to those needing care.”

- **Community Support:** Most people in the community are unaware of the lack of support for seniors. “*The need for qualified professionals and home care providers for seniors is important - concerns should be addressed as quick as possible.*” “*Mental Health issues for seniors*”.

Chart 55

## Question 21.



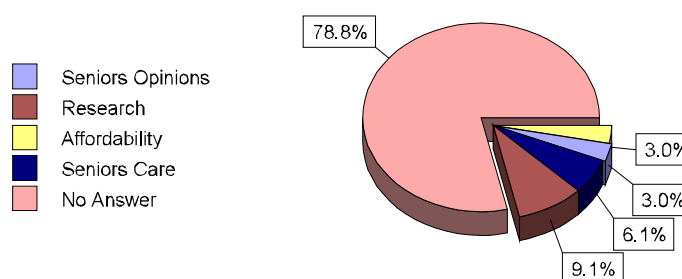
- **No funds:** No level of government is providing funding for home care. Volunteers need to be recognized in some way. *“Maybe they need to be rewarded in some way e.g. income tax deductions etc. to encourage more people to get involved.” “Money - the lack of it!”*
- **Caregivers:** Working conditions are an issue. *“Work can sometimes be sporadic and not consistent for home care workers. Should initiate something like minimum shifts - 3 hours for workers.”*

### Section 3. General

**Q 22. A. What areas of concern do you have that have not been addressed in this questionnaire?**

- **Seniors opinions:** Ask seniors questions. “Has anyone done a needs assessment with the seniors themselves”?
- **Research:** Nothing on research and best practices. “Questions focus on gaps in services, but what works well also should be noted so we don’t forget about or change services that work well.”
- **Policies:** “Unfair policies that are age discriminatory” e.g. seniors 65 plus receive a drug card but seniors including spouses who are under 65 do not have access to a drug card.
- **Seniors care:** Lack of training for care givers; level of training and suggestions for improvements; screening process for Caregivers.  
More human resources such as social workers should be available for emotional support for seniors. More focus on recruiting, hiring and maintaining home support workers. “*Right now in Newfoundland Alzheimer patients/seniors cannot avail of the drug “Aricept” unless they pay for it at a cost of approximately \$150.00 a month. The previous government paid Chart 56 for it. This government refused to pay for it. This needs to be re-instated.*”

Question 22. (A)



**B. What questions do you suggest we ask seniors and Caregivers in our future research?**

- **Education:** In your opinion are Caregivers properly trained.
- **Seniors' Needs:** Are seniors satisfied with services they are receiving. If not how can we make it better for them? What do you need? What do you want?
- **Services:** What support services do seniors need to help them?
- **Caregivers education:** What characteristics - traits do Caregivers need. Need to ask Caregivers what their skills area. As seniors if they think that Caregivers is treating them fairly?

**Question 22. (B)**

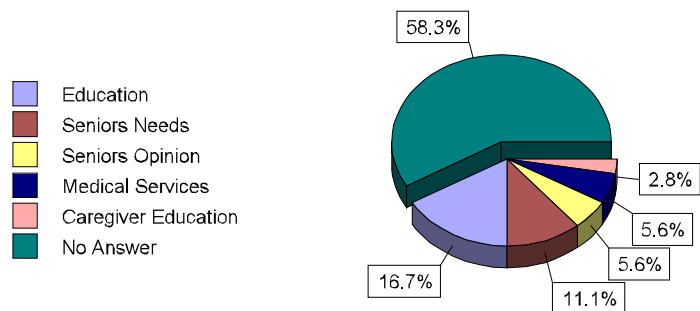


Chart 57

## 6.0 GAPS, SOLUTIONS AND RECOMMENDATIONS

The results of all research were compiled and submitted to the Steering Committee for review and input. As well, the results were presented to the public at a mini-workshop which occurred on May 17, 2005. At this workshop, participants were asked to look at solutions and recommendations based on the research. With the active participation and input of the Steering Committee and participants at the workshop, final recommendations were developed and included as a part of this final report. The Steering Committee further looked at solutions and recommendations from the perspective of different types of seniors e.g. active retirees, disabled, and rural/smaller communities and larger centers. As well, when contemplating recommendations, the Steering Committee considered human resource requirements, business development opportunities, community development opportunities, training and continuing education needs and marketing strategies and strategies to improve awareness. Therefore, recommendations are considered to be realistic and viable and are expected to have possible positive outcomes which include community building, elimination of service and program gaps, improved awareness of seniors concerns and issues, economic opportunities, opportunities for learning, increased socialization and physical activity, all of which enable older adults to live in their homes and communities for longer periods of time.

The following section outlines the major gaps that were identified in the research, along with recommendations which have been listed under the headings in the box below.

- |                                |                              |
|--------------------------------|------------------------------|
| • RECREATION AND SOCIALIZATION | • ATTITUDES AND INTEREST     |
| • TRANSPORTATION               | • FUTURE PLANNING            |
| • SUPPORT SERVICES             | • GOVERNMENT ROLE AND POLICY |
| • HOUSING                      | • EDUCATION AND TRAINING     |
| • SENIORS VOICES               | • INDUSTRY                   |
| • SAFETY                       | • PUBLIC AWARENESS           |
| • MEDICAL SERVICES             | • AUTOMATION AND TECHNOLOGY  |
| • FAMILY AND COMMUNITY SUPPORT | • FINANCES AND FUNDING       |

## **1. RECREATION AND SOCIALIZATION**

Recreation and Leisure are very important aspects of aging. Being able to partake in activities contributes to seniors well-being and independence. There is a lack of recreational opportunities for seniors in most of the communities located in Zone 9. There are very few low cost social recreation activities for seniors, which limits the number of activities seniors can participate in and limits the number of activities that can be provided. In most communities, the only available activities are bingo and card games, however some smaller communities do not even have these. Most communities do not have seniors' clubs or groups. Of the 53 communities in Zone 9, formal seniors' clubs are only located in ten communities, most located near Stephenville. Most communities that do not have seniors clubs have community groups that occasionally arrange activities and events for seniors. Some seniors' clubs have a variety of activities, however most generally provide dances, bingo and card games for seniors.

There is a lack of awareness in the community regarding recreation services. Most seniors are not aware of available recreational services. As well, service providers are not always aware what seniors want for recreation. Most activities are geared towards mobile seniors which creates a gap in the availability of activities for persons who are disabled, homebound or socially isolated. Further, activities are not focused on younger seniors. Not all seniors want to participate in activities such as bingo and card games. Some seniors would like to participate in exercise programs such as walking programs and they would like to have more opportunities to participate in road trips. Also, seniors want to contribute and participate in activities that are important and contribute to their well being and quality of life.

One of the major challenges to providing seniors recreation services are the lack of resources (financial and expertise) available as well, there is no formalized sponsor to take responsibility for recreation clubs. As a result, there is a lack of access to available programs for some seniors. Transportation and financial limitations prevent seniors from participating.

*Solutions and Recommendations to improve social interaction and recreation of older adults:*

- 1.1 Lobby authorities and others involved in planning processes around seniors to integrate age related changes in the development, design, implementation and evaluation of affordable and accessible leisure facilities, services, products and programs that meet the needs of older people.
- 1.2 Research and develop initiatives to increase neighbour contact and support. Write a proposal for the New Horizons program to obtain funding for possible initiatives. Possible initiatives include:
  - The establishment of Community Flower or Vegetable Gardens. This initiative would need to be researched further for viability and interests. Another opportunity is to involve seniors in Town Beautification Projects such as Communities in Bloom or Tidy Towns. Seniors persona care homes and other facilities and NLHC units could be approached to enable gardening access to seniors who are home/facility bound (Raised planters - could be used -3 - 3.5 feet high and wide and could be built to accommodate wheelchairs). Portable gardens could also be a business opportunity. For larger community garden there is opportunity for a CO-OP Garden where participants can sell product for profit. It is possible to secure partners for gardening space, seeds, trainers and so on e.g. Farmers & Farmers Market could sell products for seniors. Also, there could be an opportunity to accesses help from Agrifoods and Environment branches of provincial government, Colleges, municipal government, and NLHC.
  - Implement initiatives to improve relationships between generations through schools, universities, colleges and youth groups. For example:



- ▶ Geocaching interacting/linking seniors with students/youth. This will also create a tourism opportunity for the region. Geocaching is a tourism sport that is becoming big all over the world and involves a combination of hiking/treasure hunting using GPS and Internet. Seniors in this area could create a Geocache sites in the region which will attract other participants around the world and as well regional tourism. Using GPS you search for a cache using the coordinates provided. There are already cache sites located in Zone 9. More information on Geocaching can be found at: <http://www.geocaching.com/>. There would be an opportunity to provide GPS training and Internet training for seniors and youth.
  
- ▶ Creation of a senior/student school training/Mentoring program similar to the Intergenerational program at Bay St. George Long Term Care Centre or Roots of Empathy.
  
- ▶ Creation of some visiting programs between seniors and volunteer youth and youth groups.
  
- Establish a Caregivers committee to plan programs/activities for seniors. It would be of benefit to match caregivers with similar interests. e.g. seniors pet visiting.
  
- Establish a seniors' camp program, similar to youth camps. Youth and church groups could facilitate this.

1.3 Create a seniors' show about seniors for seniors for community television channel. Focus on different communities and different seniors. Programming could include interviews, exercises, crafts (social/recreation educational/exercise program). Create partnerships BBS/community channels/Rogers - Rykuga Communications - Internet broadcast. Invited seniors to participate

and host. Messages can be scrolled on the bottom of the screen to increase awareness of seniors programs, services and other information.

- 1.4 Increase the number of seniors clubs in the Zone and provide financial and other supports. Utilize the Ramea seniors club and Port au Port West club as a model. Encourage new and current clubs to access the Industry Trade and Rural Development (ITRD) community Capacity building program. A video of “Best Practices” and road show can be created to share knowledge with new and existing clubs. A provincial club coordinator should be hired to oversee and help enhance, improve and increase seniors clubs and programming in Zone 9. Partnership with Link coordinator.
  
- 1.5 Creation of a pilot recreation/business project for seniors using traditional Newfoundland arts and crafts such as wood crafts, making lobster pots, net rigging, carving (i.e. walking sticks), bird feeders, boat building (models), quilting, crocheting, sewing, rug/mat hooking and knitting (can also be a business opportunity-partnership with ALPACA farm), drama/acting, story telling, music, photography, painting, traditional dancing and cooking - Newfoundland recipes including (Preserves: Jamming and Pickling). The profit could be used to fund other recreation activities. It would be imperative to hire a coordinator to organize the project and to link the project with businesses, possible partners, organizations who offer support and markets. It would be necessary to have an committee to plan and organize activities and to bring people together to participate in the activities. Possible outcomes include learning, socialization, continuing education, recreation and physical activity. There would need to be a marketing and communications plan around the project to make it work. ITRD may be able to partner to market the idea the Newfoundland Craft Council and One possibility is to create a visual tour of the region and marketing materials around senior culture- For example Traditional Newfoundland Kitchen Party/festival - history, dancing, painting, music, etc. There is an opportunity for seniors to teach other seniors/others in the population traditional skills. It would be necessary to look for partners that can help do a needs assessment to determine training

requirements. Partners can also be enlisted to develop training materials and delivery of training e.g. College of the North Atlantic.

- 1.6 Establish Recreation Clubs in communities using the existing infrastructure. These clubs would require a formalized sponsor to take responsibility for the recreation clubs, perhaps seniors clubs or other community organizations. A possible source of funding would be the New Horizons grants. It would be necessary to hire a trained recreational co-ordinator to assist in recreation for Zone 9 (possibly under Western Regional Integrated Health Authority (Western Regional Integrated Health Authority (WRIHA) It would be possible to utilize retired Physical Education teachers to run physical activities programs. Existing infrastructure - seniors clubs, community halls or church halls could be used to house the project. It would be necessary to research seniors and caregivers interests in type of activities. Perhaps HRDC's Asset Mapping or other marketing programs could be used to compile information This group should establish inclusive recreation programming for seniors of different abilities that can include such activities as:

- card games and board games (e.g. Pictionary)
- physical activities such as Chi-Gong, berry picking, swimming, dancing, aerobics, strengthening and weight training. Health clubs could provide trainers specifically for seniors (involve Physiotherapist/occupational therapists)
- volunteering opportunities
- pet therapy/pet company (Walking, feeding, grooming-through partnership with SCAPA). For people who are homebound volunteers could bring pets to seniors homes. (Check out program in Corner Brook). There would be need for physiotherapist to be involved.

- 1.7 Organize a Trade Show, Road show or Seniors Fair for communities, which can be organized through partnerships between community leaders, service and product providers.

## 2. TRANSPORTATION

Mobility is a major contributor to seniors quality of life and independence as it provides access to programs and services including recreation, medical appointments, hospital, shopping and drug delivery or pick-up. One of the major concerns is that there is a lack of affordable, accessible and available transportation for seniors in most communities located in Zone 9. In fact, during public consultations, there was not one question where participants did not indicate transportation problems as being a barrier to seniors independence. There is no public accessible transportation anywhere in Zone 9. Seniors rely on taxi services or family and friends to get them where they want to go, which can be costly. The cost of maintaining and funding private vehicles is also a challenge for seniors on limited incomes. Walking is also one way in which seniors use to get from place to place. However, poor road and side-walk conditions lack of rest stops limit the amount of walking that seniors do.

### *Solutions and Recommendations to improve mobility of older adults:*

- 2.1 Further develop initiatives in our communities to make walking safer and more attractive.
- 2.3 A greater consideration of the needs of older people and improved provision of public transport to services used by older people.
- 2.4 Increase the flexibility, affordability and availability of community transport including transport to Health appointments. Research the Taxi Miles Program. Seniors and others can purchase checks which are redeemable only as taxi fare for 10, 000 taxis across Canada. These checks can be ordered online at [www.taximiles.com](http://www.taximiles.com) or by calling 1866-824-8244.

- 2.5 To improve transportation problems investigate the possibility of local businesses expanding their products to include scooters (\$2,000 to \$3,000 each/flexible payment terms, using existing medical distributors/channels, walkers, other aids. Another solution would be the provision of escort services through the creation of a Dial-a-Ride program. Volunteer drivers can be enlisted to take elderly residents who make reservations for shopping and medical appointments. Seniors can be volunteer drivers. There would also be a need for a Dial-a-Ride coordinator.
  
- 2.6 For seniors who would like to spend leisure time travelling, tour operators could create a bus tour program for Zone 9 which enables inter-community travel. One way to check out the possibilities of such a services is to develop a Pilot Bus Program by utilizing wheelchair accessible school buses which have two months downtime in summers. e.g. This could promote community tourism – communities of seniors among seniors. Such a services could address recreation and social gaps. It could be possible to provide tours for NL kitchen parties, music, and learning vacations. This program would require drivers and salespeople targeting seniors markets.
  
- 2.7 Local church groups who are not currently providing transportation services could create a list of seniors who are unable to attend church functions, and match them with volunteers from the congregation who are able to provide transportation. Local churches who are already providing these services should create more awareness of their programs.

### **3. SUPPORT SERVICES**

In-home and community services enable older people to live at home or in their communities longer. There is a lack of affordable, accessible and available support services in most communities. In many cases, the criteria for funding for home supports does not meet seniors needs. Funding for home supports is based on income so some seniors are unable to afford the services because they do not meet financial

requirement, yet still have low income. Further, there is a lack of resources available to provide home care to high level clients. Another concern is that caregivers are not always trained to provide services, especially medical type services to clients, for example, checking blood sugar levels. In other instances, some seniors do not access support services because they are not aware that the service is available. There is also a lack of awareness of services that are available to clients. Seniors also express that it is difficult to obtain information because they do not know where to get it. Services which seniors feel need to be increased which would enable them to stay at home longer include:

- ▶ **general home upkeep:** repairs to roofs, shingles, painting, electrical work, plumbing problems, carpentry, maintenance, outside painting;
- ▶ **general lawn and garden upkeep:** yard work, gardening, lawn care, snow clearing (roof and driveway which is considered the biggest problem for seniors);
- ▶ **in-home services:** housekeeping, spring/fall cleaning (washing walls, windows, ovens, stoves, refrigerators, moving furniture), daily living activities like meal preparation, cooking, laundry;
- ▶ **personal care:** bathing, feeding, dressing, nail care, hairdressing and medical services;
- ▶ **errands:** grocery shopping, shopping, ride to doctor, banking, bill payments, getting firewood, reading/filling out forms etc.

*Solutions and Recommendations to improve the provision and access to support services for older adults:*

- 3.1 One opportunity to deal with snow clearing problems is to link snow clearing with home supports. All clients complete a financial needs test when they apply for home supports with Western Regional Integrated Health Authority (WRIHA). Snow clearing and lawn maintenance are considered valid expenses for seniors under the Home Support Program. For those who have been assessed and are required to contribute per month towards their care, arrangements could be made with a private contractor or individual for yearly snow clearing and lawn

maintenance. The cost of the service would reduce the income level of the senior and the amount of the seniors contribution can be adjusted to the reduced income.

3.2 Make provisions to improve "accessibility" of available support services to the elderly.

3.2. (a) Social service organizations such as Human Resources Labour and Employment and Human Resource Development Canada could be approached and asked to put a mechanism in place to facilitate a volunteer program. They could compile a list of clients who would like to volunteer time providing services to seniors, and a means for seniors to access the service.

3.2 (b) Partnerships can be established with community groups such as Youth Corrections (Alternative Measures) which require clients to provide community services and community colleges which require students to do volunteer hours. These people could provide support services for seniors such as yard work.

3.2 ©) Create a volunteer support services group such as a Seniors Helping Seniors program where seniors can request senior volunteers to help with housekeeping, to visit them and to help with basic care. A good example of such a program is the Living at Home/Block Nurse Program ( sometimes referred to as HEART- Helping Enderlin Area Residents Thrive) which is a program of the Elderberry Institution. The Elderberry Institution is a non-profit program which coordinates volunteers and professionals to help elderly stay at home. There is involvement of a nursing agency to meet more complicated medical needs. More information can be found at [http://www.elderberry.org/contact\\_program.asp](http://www.elderberry.org/contact_program.asp).

3.3 A working group consisting of stakeholders such as home care agencies, hospital personnel and or administration, seniors clubs and other parties, need to address homecare issues and focus on solutions which would increase the availability of homecare services to seniors.

- 3.4 Encourage agencies to improve opportunities for training for caregivers on seniors issues and develop a formal process for meeting new clients.
  - 3.4 (a). There could be caregiver ‘Retreat’ where caregivers and family members attend training workshops which provides general education, awareness and sensitivity training around the issues and needs of seniors.
  - 3.4 (b) Clients who have self-managed care and hire private caregivers should also be connected to agencies to ensure that family and other non-paid caregivers have an opportunity to attend such a workshops.
  - 3.4 ©) Agencies can create packages which clearly define responsibilities and requirements of workers and family members roles. Also, mechanisms can be created to make transitions easier for seniors who will be changing homecare workers or meeting workers for the first time, for example an orientation to new clients which explains the clients specific needs and routines and agencies maintaining a client daily activity log for those who do not already have something in place.
  - 3.4(d) Agencies can also ensure that caregivers are informed of services that are available to them and to seniors who are receiving supports, for example Emergency Alert.
- 3.5 Senior clubs must become more diversified and resourceful to serve as active links to information, services and programs and as resources for wellness. Seniors clubs could be used as the base for a one-stop information service and or drop- in center program which could provide information, help with problem solving, referrals to correct services, help with filling out forms and so on. As well the call line could be used to help seniors get immediate assistance at home e.g. snow is blocking a doorway. This center could link seniors with volunteer programs that provide services such as snowclearing. It would be necessary to hire a center coordinator to staff the center so funding sources would have to be researched.
- 3.6 Encourage the development of a community based Snow-Buster program. This could be a volunteer program, however, seniors believe such a program could be sponsored by local



businesses who could provide funds for municipalities to hire a town handy-man. Seniors would also pay a fee for such a service.

- 3.7 Extend the Meal on Wheels program to other communities. Local service organizations could take on the organization and maintenance of the program. Also, current services such as those provided by the Bay St. George Long Term Care facility should be expanded to seven days per week, rather than five. It is also necessary to create more awareness about the program.
- 3.8 Encourage development of opportunities for people to eat in company. For example, seniors facilities that have kitchens could host pot-luck days for residents and seniors in the community. Such events could be utilized by agencies and caregivers. Also, local restaurants could have senior's days with menu items designed for a variety of seniors diets.

## HOUSING

The majority of seniors in Zone 9 live in their own home and would like to remain there. Often homes do not meet the needs of the senior and are structurally unsuitable and costly to maintain. Cost for home maintenance, heating/fuel and insurance is affecting seniors social, emotional and physical well-being. Some seniors are not aware of housing repair and modification programs and do not access this service. As well, some seniors are misinformed about criteria for such programs or do not meet the criteria but are still unable to afford maintenance and repairs. There is also a limit to housing choices in Zone 9 as few options for alternative housing exist, such as independent living homes, assisted living homes, Alternative Family Care Programs for seniors, senior's boarding or rooming houses, and cottages. Seniors often have to leave home and move into facilities when they are still independent, and some move to personal care or nursing homes when they are still able to live in their own homes or own communities.

*Solutions and Recommendations to improve housing conditions, as well as the provision and access to affordable housing services for older adults with low and moderate incomes :*

- 4.1 Most elderly people own their own homes , much of it physically and environmentally substandard. This requires regeneration schemes that take into specific account the needs of the elderly. Seniors' are unaware of Newfoundland and Labrador Housing Corporation programming, and those who are do not know how to access the program, do not understand the criteria, are misinformed about the criteria, or are unable to fill out the forms because of low literacy levels. NLHC needs to take into consideration these barriers to their services. As well, NLHC has to be more effective and timely in meeting seniors needs, current wait lists are 2-3 years unless emergency situations.
- 4.2 Often seniors have difficulty moving from place to place within their home. There is potential for a business to provide living space design to increase functionality of seniors living spaces.
- 4.3 Research technology solutions to housing such as building homes that are automated. Home automation products include Smart Home Technology - sensors, monitoring, etc. Baby boomers have purchasing power and may be better at recognizing the need for technology in the home, they have less time for parents and are more computer and technology savvy so may be a more effective market for home technology products. For further information check out Dr. Tong Louie Living Laboratory <http://www.sfu.ca/livinglab/> Intelligent home research in British Columbia or the following Medical Automation Research Center web site [http://marc.med.virginia.edu/news\\_smarthouse.html](http://marc.med.virginia.edu/news_smarthouse.html).
- 4.4 To help reduce heating and electric costs, further develop schemes which aim to improve insulation, heating and electricity efficiency. It is possible to have home heating and electricity

assessments conducted (Green Teams or Newfoundland Power for example) which will provide tips on how to save energy and make homes more heat efficient. Seniors need to become familiar with existing programs and since many seniors are not aware that it is available, there needs to be more public awareness strategies. For instance, there could be presentations at seniors clubs and in community halls to inform people of how they can make their homes more energy and heat efficient.

- 4.3 Shift the paradigm from the nursing home to housing and services. Frail older people who are cognitively or physically impaired but not in need of intensive nursing services can live in a variety of settings with supportive physical features and linkages to services often at less cost to the government. Strategies are needed to expand the available options for housing and improve development of initiatives to enable older people to live at home or in their communities longer.

4.3 (a) Collect data regarding housing demands and encourage private development to meet those needs. Plans for the provision of new housing accommodations should take into specific account the changes in the market stemming from the ageing population. Much greater importance will need to be given to links with particular services e.g. health facilities, amenities and open spaces. In considering new accommodations, there needs to be flexibility in application of standards, for example wheelchair access to housing which will be occupied primarily by elderly people. There would need to be increased awareness of alternative housing choices and assurances that new development provide affordable housing for low- and moderate-income households.

4.3 (b) Considering the following types of development:

- Support housing or assisted living arrangements
- Encourage additions to private homes for older people;
- The provision of private housing suitable for older people - ground level etc.

4.3. ©) Research the idea of communal housing such as congregate housing. An example of communal housing is the Standing Oaks housing model, which can be used in small

communities using private homes. Standing Oaks is located in Sarnia Ontario. It is a 6 bedroom house with a common living and dining area, private family room. It is a congregate care home that has a family style non-institutional environment. Trained attendants provide 24 hr support for day to day care. Such a project would help seniors remain in their communities and reduce the costs associated with long-term, nursing or personal care facilities. Another idea to research is the Alternative Family Care Program for seniors who no longer have a family support system at home but want to remain in their communities. The program can be an adaptation of the current Alternative Family Care Program (Foster Care) available for children. Individuals or families in licensed homes can provide room, food, supervision, protection, and laundry services. In addition, seniors could be provided help with dressing, personal hygiene, eating, taking medication, money management and transportation (to appointments, senior centers, shopping and other activities).

- 4.4 Although seniors would prefer to stay at home long, it is still necessary to provide facilities for those who require care. With an aging population it will be necessary to
  - 4.4 (a) Increase nursing homes for very elderly or infirm people. It will be necessary for more long-term care facilities and dementia facilities. Such facilities can be located in local communities using existing infrastructure wherever possible
  - 4.4 (b) Increase specialist housing for retired people, both "sheltered" housing (Level 2) and less specialized housing for the "young" retired (Independent living, Level 1).
- 4.5 Research the feasibility of a seniors housing and homecare CO-OP where seniors, where support services can also be provided. For example rent may be \$400.00 per month, however if a senior required home care for two hours per day, they could obtain the service for an additional ten, or if meals are required this cost could also be added on. It would be a fee for service and can be done in conjunction with seniors services providers.

- 4.6 There is a possibility of developing a low cost housing repair program. There is potential for NLHC to partner with corporate sponsors who could possibly donate housing materials and handyman services.

## 5. SENIORS VOICES

Seniors feel that their concerns are not being heard and therefore feel their opinions are not respected. There is no adequate mechanism for seniors to voice their issues and concerns. Seniors feel they do not have adequate representation on a larger level since the existing provincial organizations that provide services for them are not well-known in the community. There is no designated provincial advocate or spokesperson for seniors. Further, there are no community based committees or organizations focused on seniors issues. Seniors have not been consulted to determine what their specific needs are.

*Solutions and Recommendations to provide opportunities for seniors to have a larger voice in the community.:*

- 5.1 Create a Seniors Resource Board for Zone 9, consisting of Senior's Club representatives who would supervise a Seniors Resource Specialist attached to the Seniors Resource Center. The role of this person would be to:
  - 5.1 (a) Provide opportunities for older people to be actively engaged in the life of their communities, providing leadership, increasing local capacity for development, and preserving social and cultural traditions that underlie community cohesion.
  - 5.1 (b) Encourage volunteerism among the retired population. The capacity of older persons themselves to contribute to community life and the care of others should be fully supported and encouraged through appropriate arrangements and acknowledgment of the value of such contributions to society and development.
  - 5.1(c) Encourage the Seniors Resource Center and other organizations serving seniors to increase awareness of services to seniors (use Open Line and other talk shows)
  - 5.1 (d) Stimulate the will of political leaders and decision-makers in issues associated with aging.

5.2 Creation of a provincial spokesperson or Ombudsman who will sit on the Seniors Resource Board for Zone 9 and liaise with the Provincial Government's Seniors Advisory Council. Advocacy must be broad based, involving collaboration with both national, provincial, regional and local government and emphasizing the concept of public/private partnerships in seeking better understanding and broader acceptance of the activist role of elder leadership in policy-making in relation to issues and concerns of elders. The Provincial advocate would advocate for:

- A seniors Representative on Zone 9 Board.
- The establishment of a Seniors Planning Committee in each community.
- Changes to government policies which limit access to services. For example criteria for home supports (financial needs test and the number of hours provided for home supports, drug plan criteria for seniors between 60 and 65 and increase drug availability for example the Alzheimer drug ARECEPT).
- Utilities companies to make allowances for seniors who can not avail of discounts because they not receive government pensions until after the discount period has passed.
- Financial Breaks (criteria for HST and other Rebates, etc.)
- Government departments assure that staffing and infrastructure keep pace as demand for services increases.

## **6. SAFETY**

Seniors are concerned about living in a safe environment. A major concern for seniors who have medical conditions is the lack of support during night-time hours which reduces their feelings of security because they fear falling or having accidents while alone. As well, a lack of communication exist as some barriers, such as fear, intimidation and low education levels, prevent some seniors from expressing their concerns

about safety and other issues. Seniors feel there is no system of accountability in place to check on caregivers who provide home-care services. There also is a lack of awareness of safety issues and services which are available which may improve the degree to which a senior feels safe and secure in their own homes.

*Solutions and Recommendations to provide opportunities for seniors to feel more safe and secure in their homes and community:*

- 6.1 Greater involvement of older people in initiatives to address crime and fear of crime amongst older people. For example, involve older people in the establishment or maintenance of community policing programs such as Neighbourhood Watch. Zone 9 seniors could perhaps develop a Seniors' Abuse Video. It is possible to have the RCMP work with seniors in the community, through the seniors clubs or seniors committees to inform senior citizens of their rights, as well as provide information on myths about crime, ways to improve seniors safety, self-protection, and reduce risks of crimes against seniors.
- 6.2 It is important to recognize that crime and fear of crime inhibits communication. To address this concern seniors need a safe way to express concerns about issues related to care. The creation of a homecare investigator position would provide opportunities for seniors to communicate and report problems with their care and concerns about their caregiver or agency.
- 6.2 The Seniors Resource Center needs to create more awareness among seniors of elder abuse programs and services available.
- 6.3 Agencies need to create education and awareness for caregivers on safety, mandatory reporting of abuse and confidentiality concerns.



- 6.4 Private and publica sector needs to inform seniors about safety devices such as Emergency Alert and alarm systems and as well, consider safety concern of seniors in accessing or moving about within their facilities. For example, wheelchair access, appropriate bathroom facilities, railing for stairways and so on.

## MEDICAL SERVICES

Health and health care services are vital to enabling aging adults to remain at home and in their own communities, however, most seniors feel the current medical services are not meeting their needs. Seniors feel there is a lack of available, accessible in-home and community medical services. The long wait-list for services are very difficult for seniors and often seniors do not receive necessary medical care in a timely manner. As well, because of financial limitations, lack of transportation, geographic location to medical services and other barriers, seniors do not access services they need. Some seniors have access to drug plans, however some seniors do not meet the criterial or can not afford to pay for medication that is not covered by the drug plans. There is also a lack of human resources dedicated specifically to seniors needs (dietitian, physiotherapist, O.T. and chiropractors, geriatrician). Further, seniors often have difficulty doing the most basic tasks because of general health deterioration as they age which can often be prevented or delayed. However, seniors are not always informed on how they can increase their own health status. On the other hand, caregivers feel that seniors don't always listen to the advise of doctors and other health care professionals on ways to improve or delay health problems. Caregivers feel they could also provide improved quality of care if they had increased access to physiotherapist and occupational therapist in the clients home.

*Solutions and Recommendations to provide opportunities for seniors to increase their health status and have increased access to medical services:*

- 7.1 Encourage better integrated services and partnerships between health, social care, housing and the voluntary sector to ensure joint work to capture those not known to services, especially isolated and homebound older people.
- 7.2 People must have service choices, including timely access to physicians and other health professionals and services in their communities and at home for those who are housebound.
  - 7.2 (a) It is possible to reduce waiting times at hospital and save money on transportation costs for seniors by providing more services at home such providing home supports to accommodate home dialysis. Research the North York Ontario pilot project sponsored by the North York Community Care Access Centre (CCAC) located at Sunnybrook and Women's College Health Sciences Centre. The program is called Home Plus Program and provides dialysis at home. This program started in January 2004, is funded by the Change Foundation and supported by the Kidney Foundation of Canada. More information found at <http://www.sunnybrookandwomens.on.ca/news?id=281>
  - 7.2 (b) Community clinics could set one day aside specifically for blood work. There would need to be a mechanism put in place by WRIHA to get blood from outlying areas back to the hospital in Stephenville. One way to do this is to charge a small fee for the service which would pay for a taxi to deliver the blood. For some clinics, nurses have to return to Stephenville at the end of work days and may be able to drop blood off at the hospital.
  - 7.2 (d) Advocate WRIHA for developing positions for gerontology and geriatric specialist and community dieticians, diabetic nurses, occupational therapists, speech and language pathologist. As well advocate for the expansion of podiatry and chiropody services (field of medicine devoted to the treatment of disorders of the foot and ankle) and make them more affordable to seniors.
  - 7.2 (e) Determine and test new ideas on how to meet health care needs in rural areas where personnel shortages exist. For instance make available more health services in home: This can be done by increasing home visits, for example greater use of Nurse

Practitioners and outreach in communities where people are required to travel distances to get medical attention. Lobby WRIHA to hire a travelling physician who would visit Ramea at least once per week. Such a physician could also provide home visits for housebound individuals. Maintain the current clinics that are located in smaller rural areas.

- 7.3 Aging people and their families should play a more active part in their own care. Encourage a community development approach to improve seniors interest in their own health and improve client services. It is important for decision making bodies to empower seniors to take ownership of their own health status by involving older people in developing services and health promotion initiatives that affect them. This can be done by establishing initiatives involving seniors. Consider the following:

- 7.3 (a). Seniors from different areas in Zone 9 should sit on the WRIHA Board.
- 7.3 (b) Initiatives to encourage the involvement of older people in both planning services for seniors and providing services such as hospital volunteering
- 7.3 ©) Information and consultation with older people about services as well as ensuring older people are aware of all the services that are available.
- 7.3 (d) A co-ordinated strategy to increase awareness of services available for older people. With seniors, develop an information dissemination plan of existing, successful health promotion and health care programs. Use a variety of approaches including internet approaches for information dissemination, circulate printed reports (not the best method), utilize press briefings and especially radio for those who have low literacy. Health education and information on the aging process and on diseases common in old age should be culturally appropriate and correspond to levels of literacy.

- 7.4 There must be a greater emphasis on seniors wellness and fitness. Key stakeholders need to discuss possible innovative approaches to encouraging healthy ageing and adequate care. Possibilities include:
- 7.4 (a) Encourage development of mental health initiative including preventing and identifying depression among older people.
  - 7.4 (b) Recognize that dementia is going to be dominant in the future. A community task force should be created to address issues related to the increase in the number of dementia clients as a result of population aging and growth among the 80 plus age group. It is necessary to establish support groups, information, training and awareness in Zone 9 on dementia and coping with dementia.
- 7.5 Basic public health must be promoted more. It is important to promote the health of older persons from childhood. It is also important to have lifelong programs of health promotion and disease prevention, adequate nutrition, and *a healthful* social and physical environments. Encourage prevention programs to increase efforts in reducing risks of preventative medical problems related to aging e.g. Osteoporosis, Diabetes etc. Ensure inclusion of the middle-aged and younger populations in various locations who are current and future care-givers but future elderly. Also increase promotion of the prevention of falls strategy and associated services.
- 7.6 Advocate for increased resources to develop or expand Telecare technology such as Tele Medicine or Tele Health for rural areas that are isolated from Health Care Facilities. Telecare technology is the potential for information and communications technology for home care delivery so that people can facilitate access to health and social services in clients own home.
- 7.6 (a) Research technology based solutions like TeleMedicine a project at MUN  
<http://www.med.mun.ca/telemed/telehist/multi5.htm>) or Health Canada's Telehealth.  
 More information can be found at  
[http://www.hc-sc.gc.ca/ohih-bis/theme/tele/index\\_e.html](http://www.hc-sc.gc.ca/ohih-bis/theme/tele/index_e.html)

7.6 (a) Follow up on Telecare Planning and Information Project, Community of Bornewood.  
Or TEIS - UK Telemedicine and E-health Information Service  
<http://www.teis.nhs.uk/jsp/search/organisations.jsp?field=partners>.

7.6 (b) Ontario has a Telemedicine phone hotline staffed by nurses which purpose is to prevent unnecessary hospital admissions

7.7 Research possibilities of putting computerized stations in rural communities that do not have them. These stations could provide blood pressure checks and provide information and health risk calculations. Potential locations are public buildings and seniors clubs.

7.8 Encourage WRIHA to arrange for all health care workers to have sensitivity training in dealing with the care of older persons.

7.9 Research the possibilities of accessing charitable money for medical travel. Eg. the Hope Air program. More information can be found at <http://www.hopeair.org/>

## **8. FAMILY AND COMMUNITY SUPPORT**

Family support and community support is crucial to helping seniors maintain independence and remaining in their own homes and communities for longer periods of time. However, a number of demographic changes has led to a lack of family and community support networks for seniors and for caregivers. Barriers such as family commitments, lack of time and caregiver stress limits the amount of involvement from community members. Lack of caregiver education and stress also limits the quality of care being provided to seniors. Communities and businesses (groups and leaders) are not focused on seniors needs and seniors feel there is no will or desire to plan for an increased senior population. There is also a lack of awareness of the issues and concerns of seniors and caregivers within communities.

*Solutions and Recommendations to increase family and community supports in Zone 9:*

**Community**

- 8.1 The formulation and implementation of strategies which address the individual and societal consequences of ageing are necessary for Zone 9.
  - 8.1 (a) Build on current relationships and explore new opportunities for coordination and cooperation with agencies.
  - 8.2 (b) Identify certain key locations for collaboration to achieve realistic impacts
- 8.2 Employers have a role in supporting elder care, as they do with childcare. This involves recognition and support of relatives who care for frail aging people at home, because of the often heavy physical, emotional, and financial demands that such care entails. E.g. Family leave.
- 8.3 Increase awareness of the problems and opportunities of an ageing society for people generally and policymakers especially.
- 8.4 Build on collaborative efforts to enhance local institutional capacities including the encouragement of training opportunities for the future endeavours
- 8.5 Encourage more leadership about aging from our public officials and fair treatment of aging in the media.

- 8.6 Plan for the development of senior friendly communities. Check out Coming of Age in Rural Illinois; Developing Elder Friendly Communities. Informant can be found at <http://www.asru.ilstu.edu/reports/RRFfinrpt.PDF>

## **Family**

- 8.7 It is necessary to assure adequate supports for family caregivers and establish Alzheimer/Dementia support groups in Zone 9.
- 8.8 Consideration needs to be given to the implications of multiple generations of older people on such things as caregiving and potential inter-generational conflict.
- 8.9 Acknowledge the reality of family care as a major part of the support system of the elderly and identify ways to facilitate such efforts by providing respite care, training, and supplementary services. Home help, respite care, and transportation are areas of needed support
- 8.10 Promote and support voluntary community organizations and their capacity to create partnerships that bring expertise and resources to serve community needs. The well-being of people in old age is determined by conditions of their lives as children and work-age adults. Old age aggravates inequalities that have persisted from earlier stages of life. Resources should therefore be focused on the most economically deprived older people often women and older disabled persons.
- 8.11 Alternative to higher cost care for families who need 24 hr care need to be provided
- 8.11 (a) More access or development of community Day Care Centres, where adults are overseen by medical staff. Expand the current Bay St. George Long Term Care Day program and other outreach programs to other communities to

accommodate the needs of seniors and provide caregiver relief. Existing infrastructure could be used in the community, and the program can still be administered by the current system. It is also necessary to create more awareness about the program. Day Care Centres can also be operated by private businesses or example it can be an expansion of home care businesses as a complement to home care. Consider partnerships or networking with other healthcare services. Research needs, standards and guidelines for Adult Day Care. More information can be found at National Adult Day Services Association or Adult Day Care Task Force of the National Association for Home Care Washington DC  
<http://www.nadsa.org/>

8. 11 (b) Project CARE: Caregivers Alternatives to Running on Empty - targets rural North Caroline and offers respite and support for caregivers. Concentration is dementia patients: Provides consultation and information. Information can be obtained about this program from Western Carolina Chapter of Alzheimer Association [http://www.aoa.gov/alz/public/alzabout/demo\\_projects/2002.asp](http://www.aoa.gov/alz/public/alzabout/demo_projects/2002.asp)

8. 11(c) Faith in Action: An interfaith volunteer caregiving initiative which brings together volunteers to care for neighbours who have long term health needs e.g diabetes, arthritis and Alzheimer and provides non-medical assistance such as picking up groceries and running errands, visits, bill payments. Find further information at [www.fiavolunteers.org/what/index.cfm](http://www.fiavolunteers.org/what/index.cfm)

8.12 Research social programs such as the Good Samaritan Society's Elders Helping Elders Program located in Sioux Falls, South Dakota . The objective of this program is to slow the flight of seniors from rural communities. Low income elderly are provided with a stipend to visit other elderly and act as social companions. Information on this and other caregiver programs can be found at

[http://nationalservicerresources.org/filemanager/download/sc\\_initiatives/respite\\_caregivers.pdf](http://nationalservicerresources.org/filemanager/download/sc_initiatives/respite_caregivers.pdf)

8.13 Support any efforts to standardize qualifications of caregivers.



## 9. ATTITUDES/INTEREST

Myths about aging and stereotypes perpetuate attitudes towards seniors that are based on information that is relatively incorrect and there is deficiency in efforts to address this problem.

There is a perception by service providers and caregivers that seniors sometimes lack interest in efforts that are being made to make their situation better. One of the reasons for this appears to be a lack of understanding and awareness of services by the seniors but also a lack of knowledge about seniors needs and a lack of tolerance and understanding of seniors issues by those providing services. Seniors however express a sense of helplessness that they cannot do anything about their situation. As well, seniors often do not recognize their limitations, do not want to ask for help because of pride, or fear getting help because they may lose their independence.

*Solutions and Recommendations to dispel myths and change attitudes about aging in Zone 9:*

- 9.1 Encourage initiatives that re-define aging and eliminate stereotypes etc.
- 9.2 Support older adults as productive citizens by supporting provision of opportunities where seniors can continue to make contributions after retirement. E.g. Program for retirees to mentor individuals in the community, e.g. youth.

## FUTURE PLANNING

Research indicates that there is going to be an increased demand for services by future seniors, widely known as the Baby Boomers. Future seniors will also have high expectations about the quality and type of services they receive and will have more income to spend on services. Research participants felt that because of this increased demand, there will be a need for communities and governments at all levels to start planning and mobilizing resources to prepare for service demands which will be driven by 'a new

type of senior citizens. Currently there is inadequate education, awareness and planning being done. As well, it was indicated that there is a lack of research on what senior services are working well.

*Solutions and Recommendations to prepare for a larger aging population in Zone 9:*

10.1 Economic development is vital to the future of our many communities. The full community must be involved in planning for an aging population. It is necessary to encourage collaboration between public and private interests and involve the faith, business, education and other sectors. This is necessary to develop and implement a collaborative plan of action on aging, focusing on development and implementation of policy at local and regional levels through demonstration projects addressing services (accessibility, affordability and delivery), education, research, and public campaigns promoting active aging. All planning and provision for seniors will require assessment in terms of its suitability.

- 10.1 (a) All action directed at aging in rural areas must be multi-sectoral/holistic in view of the number of factors involved: biological, social, economic, political and environmental. Build alliances with key partners in rural development (national/international agencies, non-governmental organizations, and government organizations) to include in their activities issues related to aging in development policies.
- 10.1 (b) When planning, consideration must be given to the age structure of the "elderly" population, recognizing the potentially different requirements of cohorts within this very broad group is imperative.
- 10.1 ©) Consider other community retirement/aging in place strategies to identify best approaches. Learn from other initiatives that have created plans to address aging needs, for example the Alberta for all Ages project (June 2000) developed by the Government of Alberta. Information can be found at [http://www.seniors.gov.ab.ca/policy\\_planning/archives/aging\\_study/index.asp](http://www.seniors.gov.ab.ca/policy_planning/archives/aging_study/index.asp) or

[http://www.seniors.gov.ab.ca/policy\\_planning/archives/aging\\_study/finalreport.pdf](http://www.seniors.gov.ab.ca/policy_planning/archives/aging_study/finalreport.pdf) Another example: Orange Country Area Agency on Aging, Service Area Plan for 2001-2005, Santa Ana, California -

[www.officeonaging.ocgov.com/PDFs/AREA\\_PLAN\\_2001-2005.pdf](http://www.officeonaging.ocgov.com/PDFs/AREA_PLAN_2001-2005.pdf)

- 11.2 There must be support of work opportunities for older workers. Further, it is important to address negative perceptions among employers about hiring older people. Business and industry must recognize and take into account the aging of the workforce, allowing flexibility in work schedules and investing in continuing education and skills development.
- 11.3 Further research is needed to determine and plan for the future needs of seniors. This would require a two-pronged approach. Research should be focused on what current seniors determine as areas where they need the most help. Also to determine what future seniors require, it is necessary to research the Baby Boomers to determine what their attitudes and ideas are about aging, what they would like in the community for them, the type and quality of services they will require and so on.
- 11.4 Identify Naturally Occurring Retirement Communities, which is defined as communities that are not designed as retirement or seniors-specific communities but are population by 25 percent of the population who are over the age of 65 because residents have aged in place. These communities should be considered for targeted comprehensive service delivery.

## **GOVERNMENT ROLE/POLICY**

It is the perception of participants that government policies (all levels) often do not meet the needs of seniors. Eligibility criteria for programs and services restricts a portion of the senior population from availing of services although they require services. As well, because of policy restrictions some seniors

receive services but feel they are not availing of enough services to meet their needs. There was also indication that there will be an increased demand for trained human resources such as caregivers to meet future care demands, however there is insufficient efforts being made to address a shortage of workers in this field. Another related concern is the ratio of staff in all fields to the number of seniors being currently cared for. Participants also expressed that there is not a standardized system in place for care delivery so seniors receive different levels of care. Also, there has been a lack of intervention by government and policy makers in the provision of support and policies around families and caregivers, particularly in the level of training required to provide caregiving services.

*Solutions and Recommendations to improve policy development which are more effective:*

- 11.1 An aging population will require a substantial increase in investment and appropriate policies , programs and projects designed to empower older people in rural areas. Policies and programs need to be realistic and to take into account the perspective of older persons, their financial status and their level of literacy. Policy priorities need to be established to address seniors continuing concerns such as :
  - Health service that is accessible and affordable;
  - Equitable access to services and to social and economic security;
  - Access to education, literacy programs, and employment for people of all ages in rural and remote areas.
- 11.2 It will be important to increase participation and integration of older people in policy development efforts. Government should ensure that older people participate, and are duly represented, in policy-making processes and procedures that affect them.
- 11.3 Government should give consideration to current policies that do not meet seniors needs and determine more appropriate criteria for senior services so that money is not the determinant of

whether a senior can access a service. There should be extra scrutiny of age-based criteria in health care programs such as the prescription drug plan.

- 11.4 Government should continue its work on homecare issues in the province and implement a standard of care and training plan to ensure that there will be enough trained human resources to meet future care demands. Government also needs plan for appropriate support and policies around families and caregivers, to enable seniors to stay in their own homes and communities if they wish to do so.

## 12 EDUCATION/TRAINING

Most seniors are not aware of education opportunities which are available and there is a lack of education opportunities available. For example, there is a lack of education for seniors about new technologies. Older adults lack skills of self-help and self-care. Further, limited education and low literacy prevents seniors from accessing many services, as often program and service information, applications and other forms are difficult to read and understand. On the other hand, there is very little opportunity for seniors to pass along their knowledge to the community, and communities do not benefit from their expertise and knowledge. It was also noted that service and care providers also require training to improve the quality of their services. Stakeholders, including health professionals need sensitivity training about seniors and seniors issues. There is also limited programs available geared towards educating people to work in jobs related to seniors services.

### *Solutions and Recommendations to improve knowledge and education of seniors and stakeholders in Zone 9:*

- 13.1 Encourage educational opportunities for older adults such a Senior Learning Groups. It would be important to review various training possibilities to reach rural communities as outreach is important and programs need to go where the need is. Perhaps training could occur during weekend and evening sessions at local schools.
- 13.1 (a) Training trainers initiatives should be researched to develop and enhance local capacities. For instance, train seniors to support other seniors education such as retired seniors to teach literacy skills. One example is the Reach and Teach Program located in Denver Colorado. The program is sponsored by Caring for Colorado Foundation. Information can be found at <http://www.caringforcolorado.org/> Peer to Peer education can be used to teach about health issues including conditions like cancer and diabetes. Zone 9 could have a Seniors Summit and provide training to a number of seniors from smaller

communities, in interventions for seniors in the areas of physical activities, nutrition and psychosocial health.

13.(b) Community colleges can also help seniors who do not want to retire prepare for second careers, become linked to available jobs, develop computer skills, and achieve an affordable education.

13.2 To promote local initiatives in the development a senior care sector including community health care, there is a need for labour force development through education and training for providers. It is necessary to research future-oriented training to ensure that people are capable of working in a senior's service based job market.

13.2 (a) Encourage the development or expansion of academic training and continuing education programs in geriatrics and gerontology at the post secondary level - a department at MUN, private or public colleges. Education and training should target physicians, nurses, social workers and other professionals. Education and training should include skills development in the content areas of: healthy aging, geriatric assessment, geriatric conditions, community resources and caregiver assessment. It would be important to utilize educational technology to disseminate training resources particularly to rural regions. (Distance Ed)

13.2 (b) Education for junior high/high school students on careers in health and social services related to aging Support effort to encourage training.

13.3 Families and social networks need education and training in support to the elderly. This training can be attended by health professionals and home care/ home support workers. The education of the general public should result in the elimination of myths and stereotypes. We must begin education about successful aging early using all sorts of venues (e.g., schools, churches, sports programs). Education can also be provided for junior high and high school students on aging sensitivity. It may be possible to adapt the Roots of Empathy Model. Information on Roots of Empathy can be found at <http://www.rootsofempathy.org/org.html>

Training programs should be focused on:

- supporting self-health-care and preventing disability
- maintaining mobility, independence and creating barrier-free environments.
- maintaining mental health and coping with illness and disabilities

13.4 Older people have a meaningful role in the transfer of knowledge and experience, in preserving tradition, history and local culture which is important for their wellbeing and the maintenance of health in older age. Their knowledge and experience give younger generations a sense of place and continuity. Their potential of being educator in these respects should be recognized and supported.

## 14 INDUSTRY

Most community economies in Zone 9 are not driven by industry but rather by small businesses, as well employment levels are low. Slow economies lead to loss of population which reduces support networks available to seniors. Participants expressed that lack of employment opportunities make it difficult for seniors to remain at home and in their own communities. There is a general lack of awareness of the potential for business expansion and development relative to an aging population. As well, there is a lack of supports in place for family caregivers who still work outside the home. Another concern is that some businesses remain inaccessible or are not accommodating senior consumers needs. As well, although seniors have access to some products which are designed to enhance their independence, most seniors have to go outside of their communities and the economic zone to obtain them. Still, there are some products that would be useful, but are not available to seniors at all.

On another note, the homecare and healthcare sector is facing major challenges related to retention and recruitment of workers. There is a deficiency in efforts to improve retention and recruitment of workers to meet current and future demands for services.

*Solutions and Recommendations to increase economic development opportunities around a seniors population in Zone 9:*



14.1 There are opportunities for development in Zone 9, which could lead to employment. Research would be necessary to gauge viability of business expansion and development. As well entrepreneurs could be encouraged to research services and products for possible business solution seniors. Consider the following possibilities for research:

- 14.1 (a) Encourage market research to determine the gaps in available products and develop an inventory of what products/services are available for seniors and where they are located. Consider gaps in the following products:
- medical conditions, e.g. women's and men's health
  - independent living resources, e.g. equipment and rehabilitative technology like bars, steps, stools, walkers, shower and bed aids.
  - home health supplies for conditions like diabetes and low vision aids;
  - home modification equipment like chair lifts;
  - mobility aids like scooters, wheelchairs;
  - safety/security products e.g. lighting;
  - kitchen aids for cooking/cutting and other daily living aids for dressing, eating and so on;
  - leisure aids e.g. ergonomic gardening tools.
- 14.1 (b) Encourage research and access to assistive technology which are mechanical aids that enhance physical or mental ability. Assistive technology can be anything homemade, purchased off the shelf, modified, or commercially available which is used to help an individual perform some task of daily living. The term assistive technology encompasses a broad range of devices from "low tech" (e.g., pencil grips, splints, paper stabilizers) to "high tech" (e.g., computers, voice synthesizers, braille readers).
- 14.1 ©) Lead market research to find out what other advanced communities are selling to seniors and share that with the local business community. Also, look at Alberta and other progressive older adult and seniors communities in Canada and US for stratified market research and apply to our communities to provide insight into HR requirements, Business Opportunities (products and services) and Training initiatives.

- 14.1 (d) Encourage consumer Needs Research and Sector Analysis: Older persons are consumers. As consumers, older persons can provide information and can create demand. Equally, as consumers they need to receive information. To determine markets it is also important to research how people spend their time (lifestyle), consumer trends, the type of expenditures seniors make as they get older, type of expenditures they intend to make and so on. This research should ask questions about products and services for all sectors which seniors are consumers. For example one trend that presents opportunity for the Aquaculture industry is that seniors tend to eat more fish as they age.
- 14.2 It is possible for home care businesses expansion, e.g. agencies could expand into Daycare centres. As well there is opportunities to build more services into the current system. Check out Eldercare Services - Home Instead Senior Care program. More information at [www.homeinstead.com](http://www.homeinstead.com) Daycare Centre as private sector opportunity vs community one.
- 14.3 There is an opportunity to help people with their retirement needs. Encourage initiatives to promote financial planning and advice to seniors and to help them understand their financial situation, especially for older people approaching retirement. Retirement markets represent a significant opportunity for financial services and insurance companies as they seek to help people make the transition from work to retirement. In addition to those currently retiring, the huge baby boom generation is now approaching retirement age.
- 14.4 Chambers and other economic development/business support agencies could organize a trade show showcasing products that help seniors. For example, they could contact pharmacies and other medical supplies distributors regarding scooters and other seniors products.
- 14.5 Aging is a trend affecting occupational opportunities. Aging population would require more health professionals/administrators, nurses, specialists and so on. Also investment/retirement consultants, travel agents, tours guides, teachers of adult education etc. Conduct sector surveys

to determine HR needs for adapting to an aging population shift. Survey Baby Boomers to determine the types of services and quantity of services needed.

- 14.6 A possible solution to alleviate work shortages in homecare is to recruit retired seniors to fill homecare jobs.

## **PUBLIC AWARENESS**

There is limited appropriate and creative promotion and information available to seniors, family members and caregivers related to services and products that can and are being provided for seniors. There is a general lack of awareness about the issues and concerns of seniors in the community. A lack of communication between various stakeholders including caregivers, family, seniors, and service providers become obstacles to seniors receiving appropriate care and services.

### *Solutions and Recommendations to increase awareness in Zone 9:*

- 12.1 Promote awareness-raising activities around the key issues affecting older people, especially in rural and remote areas. Also, the public should be aware that aging populations have abilities.
- 12.2 It is important to have equal access to information and services regardless of place of residence. This is possible by developing a coordinated information link. (See 3.5 -development of an integrated one stop information and referral system that covers the spectrum of seniors information and services from recreation to home support. Information would be available free using a variety of medium e.g. Print materials/Internet/telephone. It would be necessary to consider alternative distribution to persons who are unable to access or use Internet, or have low literacy levels. Information could be provided in English and French.
- 12.3 Communities must be aware of health issues faced by aging adults. Seniors must be provided with information regarding the availability of services in the community. Some services are not

options for some because seniors do not know about them. There needs to be a methodology for accessing services such as a directory that is continuously updated by service providers. A possibility could be developing an Internet services similar to Envision's non profit directory.

- 12.4 A variety of ways to reach seniors should be used for any public awareness activities. Possibilities to reach seniors include scrolling senior information across the bottom of news shows or on the weather channel which are TV shows seniors watch. Place messages on radio talk shows or through religious communities, print messages on paper Bingo cards etc.
- 12.5 The Seniors Resource Centre publication *The Seniors Guide to Services and Programs in Newfoundland and Labrador* should be made available in print form and distributed to each community in the province. Perhaps a copy can be kept at a local church or town hall.

## 10. AUTOMATION/TECHNOLOGY

Most seniors lack education in new technologies and as a result most do not use services such as telephone banking and Internet. Often seniors are not aware of the benefit of technology. For example, telephone banking and bill payments cuts out the need for a second party to manage seniors' money and therefore could eliminate problems such as financial abuse. Likewise, there is a lack of opportunities for seniors to learn about these services, especially in smaller communities. There is also a lack of senior friendly telephone answering services in larger businesses, organizations and government departments and very little is done to address seniors concerns about having senior friendly communication. Seniors encounter problems and frustrations using automated systems.

### *Solutions and Recommendations to address seniors concerns about technology:*

- 16.1 While Internet and all other emerging technologies are of great significance, it is also important to keep reliance on technology in perspective and not let it replace interpersonal communication. Efforts should be made wherever possible to maintain person-to-person

contact. In situations where automated telephone services are a necessity, perhaps having a simple means for seniors to leave a message and have their call returned may be less frustrating for them.

- 16.2 It is important to bring technology within the purview of older persons, improving their understanding and participation in the expanding world of telecommunications and its numerous learning possibilities. By providing education on how to use new technologies and what they can offer, frustrations can be reduced and seniors could be encouraged to use new technologies rather than avoid them.

- 16.2 (a) The impact of computer technology and ensuring the benefit of its dispersion to rural communities and areas needs to be examined. Perhaps, rural community libraries could develop a program where seniors could learn how to use computers from a volunteer instructor. There could also be a computer recycling program, where old and outdated computers can be donated to seniors for use in their homes. As well, facilities such as nursing homes, personal care homes and congregate housing could be encouraged to provide computers for resident use.

## **11. FINANCES/FUNDING**

Some seniors do not access many services which increase independence, such as homecare. Most study participants identified lack of financial resources as the reason why seniors do not access such services. Further, there is a lack of financial resources available from government and other sources to provide these services for seniors. Furthermore, financial assessments often prevent seniors who require help from availing of such services. Similarly, lack of funding cause seniors clubs to struggle to maintain their services to seniors. Seniors clubs provide very important services to seniors, however clubs consistently expressed that upkeep, heating and maintenance costs are high and hard to manage. On another level, finances pose concerns because seniors are susceptible to scams and financial abuse and are not always aware when they are being abused.

*Solutions and Recommendations to address funding and financial deficiencies:*

- 14.1 Government should review criteria for current programs to ensure that no senior does without services, without out appropriate care and access to care because they do not have the financial means to obtain them.
- 14.2 It is necessary for government to invest in ways which will bridge gaps in service provision to seniors. Government funding is necessary to provide for programs and services which will enable seniors to stay at home and in their communities for longer periods of time.
- 14.3 Establish a program where seniors can learn how to budget their money or get help in managing their money. For example, the Money Management Program, a free services for low income seniors, who need help managing their money for basic living expenses. The program offers money management services to help low income older or disabled persons who have difficulty budgeting, paying routine bills and keeping track of financial matters. Such a program will prolong independent living for people who are at risk of losing their independence due to an inability to manage their financial affairs. It would also reduce the risk of financial abuse. For more information see <http://www.coastlineelderly.org/aging/money.htm>
- 14.1(a) It is also important for seniors to become more informed of ways in which they could protect themselves from financial abuse. Current efforts for public awareness need to continue and expand to smaller communities.
- 14.4 It is important to recognize that financial preparation for retirement would help alleviate money problems after retirement. To this end it is important to encourage and support individual planning for retirement, especially at earlier ages when wise investments can make a significant difference. Also there must be financial counselling available to help people with low incomes create ways to develop saving strategies. Similarly, people should be discouraged from making early withdrawals and misuse of retirement funds.

## **15.0 General Recommendations:**

- 15.1 The Long Range Regional Economic Development board is making this report available to all community groups. Perhaps the best way to distribute the document is to make it available electronically on the internet.
- 15.2 Efforts for developing a strategy for the seniors' care sector in Zone 9 should focus on engaging communities to maximize the options for independence of its older citizens through providing community supports and training and development of caregivers both paid and non-paid.

## 7.0 CONCLUSION

The Seniors' Human Resource Research Study is in an early stage. However, the feedback from community stakeholders has shown that the approach is very positively regarded by the community and the information that will come from the research is very much going to be in demand. It would certainly be in the communities interest for the project to continue as it has been developed in order to provide a comprehensive and holistic picture of the senior care sector in Zone 9. Realistically, the study as it stands will only provide one side of the discussion around the provision of care services to seniors. Should the survey to seniors be left out of the process a large piece of information will be missing from the research. This principle collection of information will provide data about the perceptions seniors have of the services they require/need, the gaps they feel exist and in how they feel the community could better addresses their needs and concerns.



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