

**IMPROVING QUALITY OF LIFE OF URBAN CANADIAN SENIORS:  
A COMMUNITY-BASED PARTICIPATORY PROJECT  
VANCOUVER, BRITISH COLUMBIA**

This project was funded by the National Population Health Fund of Health Canada and Vancouver was one of eight participating cities. Goals of the project were to:

1. collect information about issues of concern to seniors;
2. explore relationships between these issues and past, present, and future public policy; and
3. initiate action, based on the first two goals.

The overall project took place over a two-year period beginning on April 1, 1999 and completing on March 31, 2001. Three other earlier reports were released during the project; these are available from the Project Co-ordinator ([pmcgowan@interchange.ubc.ca](mailto:pmcgowan@interchange.ubc.ca)) or on the Project web site at [www.utoronto.ca/seniors/](http://www.utoronto.ca/seniors/) and clicking on **Vancouver**.

This report provides the recommendations of the Vancouver Co-ordinating Committee. In earlier Action Statements sent to candidates in the fall 2000 federal election and to elected officials and staff in the provincial and municipal governments, Committee members were diligent in focusing only on recommendations made by seniors in the focus groups. However, at the end of the project, Committee members were in a position to augment this information with their own suggestions, in that they had a wealth of experience and expertise in this field. Their 56 separate and specific recommendations follow the same themes identified during the project.

Following the recommendations of the Vancouver Co-ordinating Committee, a brief summary of the total project is given, including:

- Background of the Project in Vancouver (see page 11)
- Phase 1 -- Focus Group Meetings and their Results (see page 11)
- Phase 2 -- Actions Taken to Address Issues Identified in the Focus Groups (see page 12) and
- Discussion of the Impact of the Project (see page 15).

## CO-ORDINATING COMMITTEE RECOMMENDATIONS

In earlier Action Statements, Co-ordinating Committee members included only the recommendations made by seniors in the focus groups. However, Committee members were in a unique position to augment this information based on their experience and expertise in this field and on their participation in this two-year project. This section is organised under the 17 themes identified in the focus groups as issues negatively affecting the quality of life of seniors (see Table 1).

**Table 1. Themes Identified by the Vancouver Seniors Focus Groups**

<b>Themes Identified in Six or More Groups</b>	<b>Additional Themes Identified</b>
Health Care Problems Products and Services Financial Constraints Diversity Housing Safety Recognition-Representation Transportation Care Facilities Home Care Social Network*	Macro-economic and Social Forces Sponsored Immigrant issues Independence Technology Discrimination Nutrition*

\* No recommendations from the Vancouver Co-ordinating Committee.

Following each theme and its specific issues are the recommendations made by members of the Co-ordinating Committee at the conclusion of the project. In all, there are 55 recommendations.

### **HEALTH CARE PROBLEMS**

- Insufficient level of health care service
- Narrowly defined Pharmacare and MSP coverage
- Inconsistent coverage and lack of portability between the provinces
- The medical system's inability to deal with substance abuse
- Not enough diagnostic expertise in mental health
- Ageism by health care professionals

#### Recommendations of the Vancouver Committee

1. In all future government discussion regarding the Canada Health Act, the five principles must be supported and protected. Consideration should be given to including Pharmacare as part of a publicly funded health system.
2. Studies should be done to determine and affirm the scope of appropriate services that should be included in a publicly funded health care system.
3. There should be increased emphasis on health promotion and disease prevention.

4. Regional Health Boards should implement policies and programs to treat diverse populations in an equitable manner within the health care system. Special attention is needed for translation/ interpretation services, cultural, religious and dietary needs, and easy access to information and services.

5. Greater emphasis needs to be placed on geriatric medicine and aging in the training and education of health care professionals.

#### **PRODUCTS & SERVICES**

- Lack of availability of services appropriate for seniors
- High cost as a barrier to access of valuable services for seniors
- Poor communication of the services available to seniors
- Lack of enriched, community-based services and long-term planning by government
- Inability to access services due to poor planning or management
- Unsuitability of various products for seniors

#### *Recommendations of the Vancouver Committee*

6. Products and services should be responsive to changing social and physical needs of seniors across their life span. Products and services include resources to maintain wellness, accessibility, rehabilitation, home support, home care, Adult Day Care, Long Term Care, and Extended Care.

#### **FINANCIAL CONSTRAINTS**

- Taxes are too high for seniors
- Pensions are too low for many seniors
- People, unable to secure work, do not qualify for a government pension
- Welfare and disability pensions are too low and/or the regulations are too rigid
- Some seniors do not know about the benefits to which they're entitled
- Charges levied by banks, insurance companies, etc. can be too high and their policies not favourable to seniors
- Seniors are not eligible for benefits for care of grandchildren
- Women are often financially disadvantaged

### Recommendations of the Vancouver Committee

7. The Federal government should introduce additional tax exemptions for those attaining the age of 75 and increase social assistance relief provisions. *All* Canadian pension plans should introduce Cost of Living adjustments to benefits payable under their plans. *All* plans should provide for *early* pensions for those, who by virtue of age or infirmity, are no longer capable of gainful employment, yet are ineligible for OAS. It should also be required that pension plans accommodate the needs of spouses and ex-spouses.
8. The Federal government should eliminate GST on essential services for the elderly. This would include anything medical and related to housing, such as handicap access modifications, roofing, water heater failure or water escapement, furnace failure, and include repairs or replacement of any of the foregoing.
9. The Federal government should restore a form of subsidised housing and provide income tax incentives for landlords to provide on-site health services in seniors' apartment complexes. At the same time, government policies should ensure that all elderly should have access to essential equipment to provide for independent living, such as wheelchairs, walkers, etc. Additionally, a form of day-care allowance to assist seniors to care for grandchildren in their homes should be instituted.
10. The Federal government should reduce the dependency period for sponsored seniors to three years, consistent with the period required for establishment of Citizenship eligibility. As well, the government should introduce legislation to compel reneging sponsors to pay during this period. Policies should permit immigrant elders to live with family without disqualification for social assistance and provide them with access to family counselling and respite and adult day care. Agencies should extend the counselling services to prospective sponsors so that they may be better informed of potential pitfalls prior to taking on the responsibility.
11. The Federal government should ensure the availability, to *all* Canadians, of competent retirement planning and offer a free service to those who are retired and in need of advice if their income falls below a minimum income level annually adjusted for the cost of living.
12. The Federal government should apply moral suasion toward a reduction of costs to seniors levied by banks, insurance companies, etc. and also advocate with affiliated associations and Chambers of Commerce.
13. The Provincial government should provide PST exemptions for seniors in accord with those granted federally.
14. The Provincial government should ensure that seniors are able to use public transport, such as ground and water transit (including Handi-Dart), through subsidisation as necessary.
15. The Provincial government should ensure that heat, telephone, and electricity are available at reasonable cost to all seniors.
16. Municipalities should exempt seniors from school taxes on the basis that they had paid their share during their younger years.

### **DIVERSITY**

- Seniors are too often treated as a homogeneous group
- Many seniors experience language barriers to service access
- Certain services are not targeted specifically to particular ethnic groups
- Efforts to resettle immigrant seniors are inadequate
- Policies, programs and research fail to consider/respond to the needs of diverse seniors
- Lack of adequate translation and interpretation services in key public offices and institutions

- Inappropriate or unsuitable services (health care, food, rehabilitation) in hospitals, day care, home care and extended care facilities
- Lack of up-to-date information in appropriate language and format/media
- Staff not adequately trained to respond to seniors' diversity and cultural sensitivities
- Ethnic seniors not treated appropriately in public offices and by health professionals.

Recommendations of the Vancouver Committee

17. All federal, provincial and local government departments, as well as the Regional Health Boards, should establish mechanisms to monitor research, policy and program development at all stages of planning and implementation in relation to cultural diversity content.

18. Regional Health Boards should provide paid interpretation services in key institutions, such as hospitals.

19. Regional Health Boards should provide translation of important public information and existing services into major ethnic languages.

20. Staff at provincial and local governments, Crown Corporations, hospitals and other care facilities (i.e., day care centres) should reflect the population they serve

21. Hospitals and extended care facilities must cater to the linguistic, culinary, religious and cultural needs of the major ethnic groups using these facilities

22. Staff at provincial government, Crown Corporations, health institutions and local governments who deal with the public, should have cross-cultural and cultural sensitization training.

23. Diversity should be embraced rather than merely 'accepted' or 'tolerated' in all issues dealing with seniors.

**HOUSING**

- Paucity of affordable housing for seniors
- Low housing standards
- Lack of variety in the types of seniors housing provided
- Lack of safe housing for seniors

Recommendations of the Vancouver Committee

24. Attention and focus should be to provide affordable housing for seniors with limited income. Housing should be located close to community centres and transit routes, as well as near ethnic community centres (e.g., Chinatown or Punjab market areas).

25. More multilevel care facilities for seniors are needed and should be designed, equipped, and staffed to look after people whose health conditions have been assessed and graded at different levels. Seniors could be relocated from one section of the facility to another without having to go through the trauma of moving to another distant

location. Some facilities should cater to ethnic groups and provide ethnic food and staff who can speak the language.

#### **SAFETY**

- Physical hazards
- Fear of criminal victimisation
- Abuse by people known to seniors

#### *Recommendations of the Vancouver Committee*

26. Government should provide seniors with emergency call buttons (e.g., LifeLine, or MedicAlert) that can be pressed to call police/ ambulance if they are in trouble.

27. Government should increase the number of police and their involvement with the community (e.g., businesses in one area contributed to the opening of a police station for their own protection). Police could facilitate sessions about crime prevention.

28. The Provincial government and the Transit Boards need to work together to ensure greater responsiveness at low cost to seniors.

29. Sky-train services benefit businesses most, so they should pay to make them more open, friendly, etc.

30. Governments need to work to provide safe houses for ethnic seniors. Ethnic seniors need somewhere (sensitive to language, culture, etc.) they can go if they are abused; this could serve to avoid a breakdown in sponsorship relations in some cases, and/or to provide a solution when a breakdown occurs.

#### **RECOGNITION-REPRESENTATION**

- Experience, knowledge, wisdom and skills of seniors are typically under utilised
- Seniors are inadequately represented in decision-making positions
- Volunteers who work with seniors (often seniors themselves) are not accorded the recognition they deserve

#### *Recommendations of the Vancouver Committee*

31. Seniors should be encouraged to contribute to society by sharing their wisdom, experience, and skills. Seniors should be involved in the decision making that affects them. The public needs to be educated regarding seniors' issues.

#### **TRANSPORTATION**

- The cost of transportation can be prohibitive for seniors
- The transportation system is not flexible and is often difficult for seniors to use
- Seniors experience barriers to service access due to a paucity of appropriate transportation options

#### *Recommendations of the Vancouver Committee*

32. The Greater Vancouver Regional District should be made aware of the need for Mini Buses and a Transit System route design that includes destinations for seniors. Also, there is a need for more disability-friendly buses and Handi-darts for seniors.

33. The Provincial government and the City Council in Vancouver should be made aware of transportation needs, including subsidies and transportation passes, for seniors.

#### **CARE FACILITIES**

- Care facilities are insufficient to meet current needs and wait-lists for appropriate care are often extremely long
- Seniors suffer when people needing different levels of care are housed together in the same facility
- Limited family involvement in care decisions
- Not enough inter-generational mixing in facilities
- Care is often difficult to organise due to poor information, lack of integration of services
- Shortages of Adult Day Care facilities

### Recommendations of the Vancouver Committee

34. Care facilities need to become resident-focused and respectful and responsive to residents' varying needs and abilities. This includes awareness of cultural customs and linguistic differences, family relationships and contributions, ranges of intelligence, demented and non-demented, interest in those of younger ages, separate accommodation for those with disturbing behaviour, and social and emotional needs considered on a specific-to-the individual basis.

35. Staff in care facilities should be rotated on a regular basis to reduce possible burn-out caused by the heavy demand placed on formal and informal care-givers.

### **HOME CARE**

- Insufficient home care to meet current needs of seniors
- Recent cutbacks have negatively impacted seniors' ability to access homemaker services - rigid schedules, limited functions, high prices
- Family members are not able to substitute for professional care due to time limitations
- Early hospital discharge policies increase the need for home care.

### Recommendation of the Vancouver Committee

36. Home Care should become part of the continuum of publicly funded and managed health services, so current gaps and disparities between jurisdictions are eliminated.

37. Home care should be increased to help keep seniors out of institutions and to provide post-operative follow-up support for seniors.

### **SOCIAL NETWORK**

- Seniors lack social contacts necessary for ease of access to services
- Many seniors experience loneliness and isolation

### **MACRO-ECONOMIC AND SOCIAL FORCES**

- Deleterious effects of macroeconomic and social forces (e.g., development plans, capital investment, value of the Canadian dollar, etc.) on lives of seniors

### Recommendations of the Vancouver Committee

38. The Federal government should eliminate or reduce taxation of pension income. At a minimum, Old Age Security should be paid tax-free as it is effectively a return of taxes paid over the working life of the recipient.

39. The Federal government should eliminate the Old Age Security "Clawback" or, at a minimum, review "Clawback" threshold levels for fairness. A Cost of Living index could apply to these levels, in harmony with the annual adjustments to actual payments.

40. The Federal government should negotiate greater cross-border portability of pensions and reciprocity through Treaty agreements.

41. The Federal government should harmonise federal/provincial social assistance benefits at a minimum standard or ceiling and provide a means for portability of the social safety net to stop loss of coverage on inter-provincial moves.

42. The Federal government should revise welfare regulations to safeguard pensions. As well, the Federal government should remove extra income restrictions on welfare during the first two years to allow recipients to prove/find themselves, thereby restoring dignity and enhancing their ability to find work, start a business, etc.

43. The Federal government should require all Provinces to fully account for their use of federal funds in respect to pensions and pension restrictions, with federal power to audit and override inappropriate actions by the Provinces, through direct intervention if necessary.

44. The Provincial government should replace some private nurse support in hospitals with effective home support.

#### **SPONSORED IMMIGRANT ISSUES**

- Seniors experience problems due to their legal / economic status as sponsored immigrants in Canada
- Costs to the sponsor (\$1500.00 sponsorship application) are very high
- Sponsored seniors are not eligible for benefits for the first 10 years of residency
- Sponsored seniors are not eligible for admission to long-term care, adult daycare and respite facilities in British Columbia.

#### *Recommendations of the Vancouver Committee*

45. The Federal Government should remove the sponsorship fee so that groups are not adversely affected. Once immigrants become Canadian citizens there should be no distinction based on residence in Canada, otherwise the government is creating different classes of citizenship.

46. The Federal Government should revise its policy on binding the sponsor to a 10-year sponsorship agreement. This period should be reduced to 3 years.

47. The Federal Government should educate sponsoring families and those being sponsored about their obligations, responsibilities and the difficulties of sponsorship. This information needs to be provided in a clear and timely manner, well before immigration.

#### **INDEPENDENCE**

- Independence and factors that affect independence are vital to quality of life for seniors

#### *Recommendations of the Vancouver Committee*

48. The Office of the Public Trustee should offer training on the direction, intent, and implementation of the Representation Agreements. Key resource persons such as Senior Citizens Counsellors, Community Response Networks, and the staff of Community Health Centres should be educated about the opportunity that Representation Agreements offer seniors. This education should also be provided to volunteers, families, retiree organisations, self-help groups, and other parties so that they can adequately inform seniors of their options.

49. Regional Health Authorities must give priority to expanding home care resources. Less costly and more readily available home care for seniors would alleviate seniors' dependency on family members.

## **TECHNOLOGY**

- Some seniors experience difficulties with new technological innovations (difficulty of use, need for training, expense, etc.)

### *Recommendations of the Vancouver Committee*

50. Federal and Provincial governments should provide training programs, with particular attention to isolated seniors. Classes in “hi-tech” awareness for seniors should be offered.

51. Federal and Provincial government departments should avoid use of automated telephone forwarding on services needed/used by seniors.

52. Banks and other financial institutions should ensure easy availability of staff to deal with seniors on premises and over the telephone.

53. Federal, Provincial, and Municipal governments should ensure that technology proceeds at a pace at which most people can assimilate it, and could ensure that technology is compatible with seniors’ needs.

54. On a community level, governments of cities, towns, and districts should be approached to determine what programs exist to assist seniors in their technological advancement, and whether free Internet Access is feasible. Seniors’ “high tech” education and Internet access should be requested/advocated.

## **DISCRIMINATION**

- Seniors experience discrimination due to age, ethnicity, or combination.
- Some public servants and health professionals have discriminatory attitudes.
- Some Canadians demonstrate racism - a form of discrimination.
- Seniors are eligible to become citizens 3 years after immigrating, but not eligible for full citizenship benefits (i.e., pension).

### *Recommendations of the Vancouver Committee*

55. Human Rights legislation at both the Federal and Provincial level should provide stricter enforcement mechanisms and stiffer penalties to eliminate racial discrimination in public services, housing, Crown Corporations, and other regulated agencies.

56. Government departments should institute mandatory education and sensitization programs to eradicate racial discrimination.

## **NUTRITION**

- Seniors lack adequate nutrition due to social, physical, and financial changes that they experience



## BACKGROUND

Other Canadian cities that participated in this project were: Halifax, Quebec City, Montreal, Ottawa, Toronto, Regina, and Whitehorse. Each participating city had a Co-ordinating Committee and an Advisory Committee. In Vancouver, the Co-ordinating Committee consisted of seven seniors, a member at large, a social planner with the City of Vancouver, a consultant with Health Canada, and a researcher from the University of British Columbia. Committee members are identified in Appendix A.

The seniors on the Co-ordinating Committee members were initially invited to participate in this project because of their extensive involvement in seniors' issues over the years. As well, each member had a long and distinguished career in areas related to the seniors' health and quality of life, and had participated in various roles in the community. The member at large had a keen interest in seniors' issues and was a member of a related committee within the Vancouver/Richmond Health Board. The municipal representative was a social planner with the City of Vancouver with extensive experience in seniors' issues. The Health Canada representative worked extensively with seniors' issues. The university researcher had a long research career working with seniors and an interest in participatory research. In the project, the researcher also served as the project co-ordinator.

During the project period, the Co-ordinating Committee met twenty times in their role of planning and implementing project activities. Co-ordinating Committee Minutes may be viewed at [www.utoronto.ca/seniors/](http://www.utoronto.ca/seniors/) and clicking on **Vancouver**.

The 18-member Project Advisory Committee consisted of representatives from 17 local seniors groups and community and other organisations. Members of the advisory committee are shown in Appendix B. As the project progressed, members from both committees began meeting together and therefore members of both committees were subsequently invited to all meetings.

### PHASE 1: CONDUCTING FOCUS GROUP MEETINGS

From April to December 1999, the major focus of the project was organisation and focus group meetings, primarily with seniors, but also with service providers and health care professionals. During the fall of 1999, 12 focus group meetings were conducted:

- 9 meetings with seniors groups
- 2 meetings with service providers
- 1 meeting with Municipal and Regional Health Board staff.

The numbers of participants and the locations of the focus groups are shown in Appendix C. The complete results of the Vancouver focus group meetings can be viewed on the project web site at [www.utoronto.ca/seniors/](http://www.utoronto.ca/seniors/), and clicking on **Vancouver**, then **Focus Group Summaries**.

The main question for focus groups participants was:

#### ***What things affect your life for better or worse?***

Once participants had sufficient opportunity to answer this question, they were asked to identify the ones that could be influenced by governments (federal, provincial, municipal, or regional). Lastly, they were asked for suggestions on how the issues could be resolved.

After each group meeting, the notes taken during the session were transcribed. These were later analysed using a program called QSR Nud.ist® which allowed us to attach general themes to the text. These themes were not pre-determined, but arose out of the focus-group data itself.

Altogether, the focus groups identified 17 separate themes (see also Table 1 on page 1). The first 11 themes were identified as problems in six or more of the focus group meetings.

Themes Identified in Six or More Groups	Additional Themes Identified
Health Care Problems Products and Services Financial Constraints Diversity Housing Safety Recognition-Representation Transportation Care Facilities Home Care Social Network	Macro-economic and Social Forces Sponsored Immigrant issues Independence Technology Discrimination Nutrition

When the information obtained in the focus groups was summarised and analysed the project entered into Phase 2 - initiating action(s) to address identified issues.

#### PHASE 2: ACTIONS TO ADDRESS IDENTIFIED ISSUES

Three types of action was undertaken in the project: dissemination of the focus group results; presentations to regional and municipal health authorities; and strategic actions.

In the dissemination actions, more than 200 copies of the report on the focus group results were distributed to:

- organisations that sent representatives to the focus groups;
- individuals in municipal, provincial, and federal levels of government whom members of the Co-ordinating Committee identified as having expertise and experience with seniors;
- project committees in other participating cities; and
- seniors who planned and carried out the follow-up of a "Seniors Summit" conference that involved 400 seniors of diverse ethnic backgrounds from all over British Columbia.

As well, meetings were arranged with organisations that sent representatives to the focus groups to provide feedback and to encourage these organisations to initiate strategies on their own behalf.

Two major delegations met with the local regional health authorities. Delegations from the Co-ordinating Committee made presentations (1) to the Seniors Population Health Advisory Committee of the Vancouver/Richmond Health Board and (2) to the City of Vancouver Seniors Advisory Committee.

#### 1- Presentation to Vancouver/Richmond Health Board - Seniors Population Health Advisory Committee

This presentation focused on four relevant issues identified by the focus groups that needed to be addressed by the Vancouver/Richmond Health Board:

##### Interface between seniors and health and social service agencies

Focus group analysis was that seniors do not know what is available from agencies, have difficulty finding out what is available, perceive staff as unfriendly, and feel they are treated differently because they are seniors. As well, many seniors fear and mistrust government. The findings indicate that barriers to seniors' access to services and information continue to be a preoccupation and concern to seniors.

##### Diversity in ways seniors conceptualise "quality of life"

In the focus groups, seniors from different social, cultural, and economic backgrounds showed a wide range of diversity in how seniors perceived “quality of life.” The delegation commended the Vancouver/Richmond Health Board for its efforts to ensure involvement from a broad range of groups and stressed the importance for the committee to recognise such diversity in all its participatory processes.

#### Feelings of “tokenism”

The focus groups reported that seniors often believe their representation on boards and committees is mere tokenism and that they do not have a real and contributing role in decision-making nor does their presence really affect outcomes. This is an area where more awareness raising and action is required. There needs to be continued efforts to promote a real and credible role for the voice and participation of seniors. The delegation offered to support the Seniors Committee in its efforts in this area.

#### Size/dosage of medication

One specific item mentioned in the focus groups was discussed in detail with this Seniors’ Committee: seniors experience difficulty in following prescribed medication regimens when small dosages are not available (e.g., senior is prescribed 10 mg. of drug X whereas the smallest dosage available is 20 mg. tablet and the individual must cut the tablet in half). The chair of the Seniors’ Committee agreed to write a letter to the province’s “Excellence in Health Seniors Medication Strategy Committee” to inform them of this finding and to inquire whether this was a prevalent problem, and whether anything could be done to address it.

## **2 - Presentation to the City of Vancouver Seniors Advisory Committee**

In this presentation, the delegation, plus some seniors from the downtown area of Vancouver, focused on: living conditions (i.e., single room occupancy) in the downtown area; medication problems of seniors in the downtown area; and the lack of or inadequacy of amenities for seniors in Vancouver.

### *Lack of single accommodation for seniors in the downtown area*

The City of Vancouver Seniors Advisory Committee was aware of deplorable housing conditions experienced by seniors in the downtown area, but noted that the situation was a complex one. They expressed concerns that by initiating one type of action the city might create a new type of hardship and requested the delegation develop a recommendation on how to resolve the problem and come back to the committee. Initially, cleaning had been included in the rent in these facilities but in many cases has been discontinued, resulting in unsanitary conditions. As well, no one monitors (checks up) on seniors living alone in the rooms. There is a possibility that seniors may become sick, will not be able to access care, and will be unattended and unnoticed.

### *Difficulties seniors experience with medications*

This difficulty was particularly related to medication for pain management. In the downtown area, some seniors sell their medications to purchase other drugs, and therefore some doctors do not prescribe medications to these seniors. As a result there are some seniors who cannot get medications to manage their pain.

### *Shortage of amenities for seniors*

In the focus group meetings, seniors had expressed concerns that it was difficult for them to get out and travel around Vancouver because of the lack of amenities, particularly public bathrooms and benches, where they could rest. This negatively affected the independence of seniors. The Seniors Advisory Committee informed the delegation that the City was currently addressing this concern and was working to develop a new "Street Furniture" policy. Public meetings were being arranged and seniors were invited to attend.

## **STRATEGIC ACTIONS**

The Co-ordinating Committee implemented three major strategic actions to address issues identified in the focus groups. The first was the development of a full "segmented report" on the issues developed in the focus groups. As well, "Action Statements" were developed to be sent to the candidates for the November federal election and "Action Statements for Provincial and Municipal Officials" which were sent to 70 elected officials and senior staff members in the provincial and municipal governments. Each of these is discussed briefly.

### **The "Segmented Report"**

This 50-page document was prepared to highlight the issues that were identified in the focus groups according to topic areas (e.g., health care, transportation, & discrimination). This document also included all the recommendations that participants made on how to resolve the identified issues. An electronic copy of the Segmented Report may be obtained by emailing Patrick McGowan at [pmcgowan@interchange.ubc.ca](mailto:pmcgowan@interchange.ubc.ca).

### **Action Statements for Federal Election Candidates**

With the federal election taking place in the fall of 2000, committee members believed that it would be imperative to send a package of Action Statements to candidates in the four major parties representing constituencies in and around Vancouver. This document contained a summary of the issues by category area, listed recommendations made by seniors on how to resolve the issue, and a summary action statement on what needed to be done. The package was sent to 40 candidates in Vancouver and Richmond. An electronic copy of these Action Statements may be obtained from Patrick McGowan at [pmcgowan@interchange.ubc.ca](mailto:pmcgowan@interchange.ubc.ca).

### **Action Statements for Provincial and Municipal Officials**

A second package of "Action Statements" was prepared for the elected officials and seniors staff in provincial and municipal governments. This report was distributed to 70 elected officials and senior staff members

in the provincial and municipal governments. A copy may be obtained electronically by contacting Patrick McGowan at pmcgowan@interchange.ubc.ca.

### IMPACT OF PROJECT

At this point it is difficult to evaluate the project's effectiveness in addressing the issues that seniors identified as having a negative effect on their quality of life. Changing federal, provincial, and municipal policy is indeed a complex task, with many forces - both complementary and competing - interacting. As well, it may take time for any impact to be observed.

At the community level, seniors had opportunities and were able to articulate the things that effected their quality of life. The meetings provided an opportunity for seniors to express their concerns, to discuss the issues with others, and to suggest how the issues could be resolved. As well, the focus group findings were shared with everyone who participated in the process. In total they were disseminated to over two hundred persons.

Strategic Action Plans were prepared and sent to federal candidates and elected officials and senior staff members of the provincial and municipal government. The provincial premier, the leader of the official opposition, several provincial ministers, and several federal candidates responded by acknowledging they had received the information. They thanked the committee for its work and said they shared the concerns that had been identified by seniors. They also indicated they would work toward resolving problems.

The presentations were effective in that they provided an opportunity for personal interaction with those who were responsible for quality of life issues at the regional and municipal level. One welcome outcome was that it prompted the Vancouver/Richmond Health Board Seniors' Population Health Advisory Committee to consider ways that it could be in contact with seniors throughout the region. As it turned out, these bodies were already aware of many issues identified by the project, and in some cases, had already initiated action. For example, the Vancouver/Richmond Health Board Seniors Committee had already initiated a plan to address difficulties in accessing services, and the City of Vancouver had already started developing a Street Furniture Policy.

As a "stand alone" activity, the project may only have a limited impact in addressing policy that affect seniors. However, with the synergy developed through the activities in all the participating cities, a compelling case can be made to initiate change.

### Appendix A

<b>Seniors:</b>	Mary Brown Pat Fulton Mary Hill Mohinder Grewal Tom Kinloch Simon Oosterhuis Mish Vadasz
<b>Member at Large</b>	Sabine Swierenga
<b>Social Planner</b>	Anne Kloppenborg
<b>Health Canada</b>	Lillian Baaske
<b>University Investigator</b>	Patrick McGowan



## Appendix B

### Seniors Organization

- Brock House Society
- Carnegie Community Centre
- Collingwood Neighbourhood House
- Cross Reach Day Care
- Jewish Community Centre
- Marpole Place for Seniors
- Royal Canadian Legion
- Second Mile Society
- South Granville Seniors Network
- South Vancouver Neighbourhood House
- United Chinese Community Enrichment Services
- Vancouver Aboriginal Friendship Centre Society
- Vancouver/Richmond Health Board
  
- Vietnamese Seniors
  
- West End Seniors Network Society
- 411 Seniors Centre Society

### Member(s)

Marjorie Welsh  
Sandy MacKeigan  
Rhonda Townsend  
Don Velie  
Annica Carlsson-Hyman  
Betty Cumby  
Brian Coldwells  
Eldon Jones  
Cyril Harrod  
Kalwant Grewal  
Kelly Ip  
Amy Eustergerling  
Bonnie Lillies  
Guninder Mumick  
Zung Trinh  
Lam Dang  
Jenny Shaw  
Ivan Cumming

## Appendix C

<b>Focus Group Location</b>	<b>Participants</b>
Brock House Seniors Discussion Group	16
Crossreach Adult Day Care Seniors	20
Service Providers – 2 groups	8
Jewish Community Centre Seniors Discussion Group	25
Brittania Community Centre – Vietnamese Seniors’ Group	50
The Project Coordinating Committee	10
Health Care Professionals	9
Sunset Community Centre – Punjabi Seniors’ Group	25
First Nations Seniors’ Group	9
Carnegie Centre – Seniors’ Drop-In Room	20
SUCCESS – Chinese Seniors Group	20
	212