

## District of Kent:

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### Priorities for an Age-friendly Community

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The District of Kent wishes to thank the Union of British Columbia Municipalities, and the Seniors' Healthy Living Secretariat - Ministry of Health for the project funding that assisted in making this Plan a reality.

## Message from the Chair

As Chairman of the District's Age-Friendly Committee, I wish to express our appreciation to the general public for their contributions to the deliberations of the Committee.

The information provided by the eighty community members who filled out the survey forms, and the hundreds of people who visited the Committee's information desk at the 2012 Fall Fair who discussed the service needs and expectations of the older members of the community providing the basis of the suggestions proposed by the Committee, were also greatly appreciated. The resulting input of the discussion groups hosted by the Age-Friendly Community Café held in December of 2012 further assisted the Committee in establishing the recommendations of this report.

We wish to thank the participants of the Committee Members:

- Robert Stam, Community Resource Nurse;
- Arlana Kuzk and Brenna Ayliffe, Fraser Health Authority;
- Wendy Coleman, School District #78;
- Terrill Scott, Fraser Valley Regional Library;
- Frank Royle \* and Eunice Royle, Senior Peer Counsellors;
- Whyles Rowan, Agassiz Harrison Community Services; and
- Henry Fabritz and Dick Hopkins of the Seniors Centre and Pensioners Association

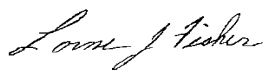
for their contributions and input into the report.

We also wish to acknowledge the administrative support of Kerry Hilts, Director of Community Services; Kimberly Goulet, Recreation Supervisor, for support services; and, Ms. Jennifer Wilson of Jennifer Consultants Ltd. for designing and facilitating the consultative process.

The basic data provided in this report identifies the population of this District as being older than the provincial average and therefore requiring a more unique structure of services. Your participation in identifying these needs and your future comments on how the District has met these challenges will be welcomed.

\*The Committee wishes to specifically acknowledge the contributions of Mr. Frank Royle who passed away during the final stages of the process. His friendship and constructive innovations will be missed.

Sincerely,



Lorne J. Fisher,

District Councillor & Chairperson of the Age-Friendly Select Committee



Eunice Royle, Henry Fabritz and \*Frank Royle

## Executive Summary

In 2012, the District of Kent completed a process to define the key areas of focus to ensure the community is “age-friendly”. An age-friendly community is one that “optimizes opportunities for health, participation and security as people age, and adapts its structures and services to be accessible to, and inclusive of, older individuals with varying needs and capacities.”<sup>1</sup>

The process was informed by a Select Committee of Council comprised of seniors and service providers who work with seniors. A survey tool was developed to gather data on the assets and challenges for people aging in Agassiz. Eighty responses (80) were received. A working session, attended by 45 seniors, was hosted in December 2012 to translate the data into key focus areas.

The key learnings are:

- Many elements of an age-friendly community are in place – access to health services (for a community of this size), opportunities to socialize, and technology support.
- Of concern is the quality of life for those older adults and seniors who are isolated – not by choice but because of barriers they experience. Specific aspects that cut across all older adults and seniors relating to communication, transportation, access to public washrooms and quality shopping for items seniors want or need.
- Priorities were defined for each of the 4 target groups.
  1. Healthy and active older adults and seniors - the priorities are communication, coordination of volunteer opportunities, and cross walk improvements.
  2. Those who are social connected - the priority is on communication and connectivity between services and having an information number set up as a single source of information for seniors.
  3. Older adults and seniors who are in poor health - the priority is on a monthly newsletter to provide a sense of connection and key information to those who are isolated. The second priority is on having a resource centre or physical space that provides “one-stop shopping” for services and supports.
  4. Isolated older adults and seniors (not by choice) - the priority is to have effective communication of programs that are available, have services that are part of a system of supports, and transportation within the community and to areas outside of the local area.

With this information in hand, the District of Kent is now positioned to proceed with developing specific strategies to address each of the priority areas.

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<sup>1</sup> World Health Organization’s definition

## Introduction

### What is an Age-Friendly community?

The World Health Organization defines an age-friendly community as one that “optimizes opportunities for health, participation and security as people age, and adapts its structures and services to be accessible to, and inclusive of, older individuals with varying needs and capacities.”

The District of Kent believes that an age-friendly community benefits not only older adults and seniors but all age groups (i.e. transportation that works for older adults, benefits all age groups; a spirit of inclusion and respect, benefits all age groups; fostering the participation of older adults and seniors in the lives of all communities adds richness to everyone’s life, etc.)

### Fostering an Age-friendly community for the District of Kent

The District of Kent is a rural community nestled in a breathtaking setting. It has a friendly community spirit and is home to approximately 6,000 residents. It is bounded on the north by Harrison Lake and Green Mountain, on the west by Harrison River, on the south by the Fraser River and on the east by Hope and the Fraser Canyon. It is located at the intersection of Highway #9 and Highway #7 and offers the conveniences typical for a rural community of its size and with access to regional services in Chilliwack and Abbotsford.

The District of Kent is playing an important role by:

1. Defining what an age-friendly community means in the Agassiz area; and
2. Facilitating and promoting an age-friendly culture based on its policies, services, and infrastructure.

It has created the foundation for the community to anticipate and respond to the needs and preferences of aging, protect those who are most vulnerable, and promote inclusion and contribution in all areas of community life. This process, and the subject of this report, defines the assets and key priorities for protecting what supports people aging in Agassiz as well as those that require further attention.

## Benefits and Trends

### *Benefits*

The benefits of an age-friendly community are significant:

- Being an age-friendly community is a fundamental value – caring for our older adult population now and anticipating future needs as the community ages.
- Doing so creates a stable community.
- It fosters a higher quality of life for its residents because it strengthens the social fabric and sense of belonging because residents can age in the place they know, care about and have roots in. A community that has a lower turnover rate, has a feeling of safety that comes from knowing people and places.
- Generating economic wealth when seniors spend locally and when seniors and seniors services are drawn to this community.
- Supporting older adults to be healthy, active and connected is crucial to their quality of life. It is also an asset to the broader community as well. A healthy, active and engaged older adult population contributes to the entire community through its wisdom, family support, caring, insights, historical knowledge, and volunteerism.
- The process of setting priorities (the subject of this report) was transformative:
  - it identified and reaffirmed senior resources,
  - collected new information,
  - fostered collaboration between service providers, local government, informal leaders in the seniors community, and the older adult and senior population; and
  - demonstrated the importance of this age group to the quality of life of the community as a whole.

### *Trends*

The current situation in terms of the older adult and seniors population is characterized as highly diverse with differing needs. Some are very active, healthy and socially connected. Others are frail, have disabilities, challenges and are isolated<sup>2</sup>.

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<sup>2</sup> Steering Committee's lived experience

## Priorities for an Age-Friendly Community

The 2011 Census data shows:

- There is an increase in the 65 and older population of 20.9% and 21.6% for males and females respectively
- The average age of the District is aging i.e. 44.7 to 45.3 which is older than Canada (40.6) and BC (41.9)

<b>Projected Change in Population Counts for Specific Age Groups, by LHA 2010 to 2020</b>								
Local Health Area	12	13-18	19-24	25-44	45-64	65-84	85+	All Ages
Burnaby	6,418	1,459	142	12,479	14,530	10,799	1,499	47,326
New Westminster	1,732	211	113	2,753	4,385	3,728	65	12,435
Coquitlam	9,094	881	1,374	24,886	16,009	15,295	2,158	65,187
Maple Ridge	2,347	1,115	876	5,809	5,074	5,995	744	17,978
Delta	442	2,629	2,118	2,614	2,115	7,254	500	3,064
Langley	5,623	211	1,167	11,823	7,476	9,148	1,057	33,749
Surrey	9,409	60	785	19,552	28,054	25,333	3,110	86,303
Soth Surrey / White Rock	740	228	31	2,826	1,511	7,301	789	13,426
Abbotsford	4,469	419	803	8,888	7,233	6,613	599	27,418
Mission	1,365	85	633	2,944	2,341	2,463	197	8,592
Chilliwack	2,208	236	155	4,613	3,736	3,297	809	14,272
Agassiz / Harrison	77	78	50	213	120	388	178	708
Hope	65	124	114	77	234	390	64	124
<b>Fraser Health</b>	<b>43,105</b>	<b>3,404</b>	<b>6,119</b>	<b>99,477</b>	<b>87,880</b>	<b>98,004</b>	<b>11,639</b>	<b>330,582</b>

<b>Percentage Change in Specific Age Group Populations, by LHA 2010 to 2020</b>								
Local Health Area	12	13-18	19-24	25-44	45-64	65-84	85+	All Ages
Burnaby	23%	10%	1%	17%	24%	40%	32%	21%
New Westminster	23%	-6%	2%	13%	22%	53%	-5%	19%
Coquitlam	30%	-5%	-7%	40%	24%	74%	73%	29%
Maple Ridge	16%	-14%	-11%	22%	19%	63%	52%	19%
Delta	-3%	-31%	-24%	11%	-7%	55%	29%	3%
Langley	29%	-2%	-10%	32%	20%	60%	39%	25%
Surrey	15%	0%	2%	16%	28%	71%	79%	22%
Soth Surrey / White Rock	8%	4%	1%	16%	6%	48%	22%	16%
Abbotsford	20%	4%	-7%	22%	21%	42%	20%	20%
Mission	20%	-2%	-17%	25%	19%	59%	31%	20%
Chilliwack	16%	-3%	-2%	21%	17%	27%	41%	17%
Agassiz / Harrison	6%	-11%	0%	11%	-5%	24%	97%	8%
Hope	6%	-21%	-22%	5%	-6%	24%	33%	2%
<b>Fraser Health</b>	<b>19%</b>	<b>-3%</b>	<b>-5%</b>	<b>22%</b>	<b>20%</b>	<b>55%</b>	<b>41%</b>	<b>21%</b>

Source: BC Stats, BC Ministry of Labour and Citizens' Services, P.E.O.P.L.E. 34 projections.

The data from Fraser Health provides some interesting insight into the future of the older adult and senior population for the next 7 years. The table above as well as the 2011 Census data shows the number of older adults and seniors is estimated to increase by 35% over the next 20 years and reaffirms the imperative to be an age-friendly community in the future.

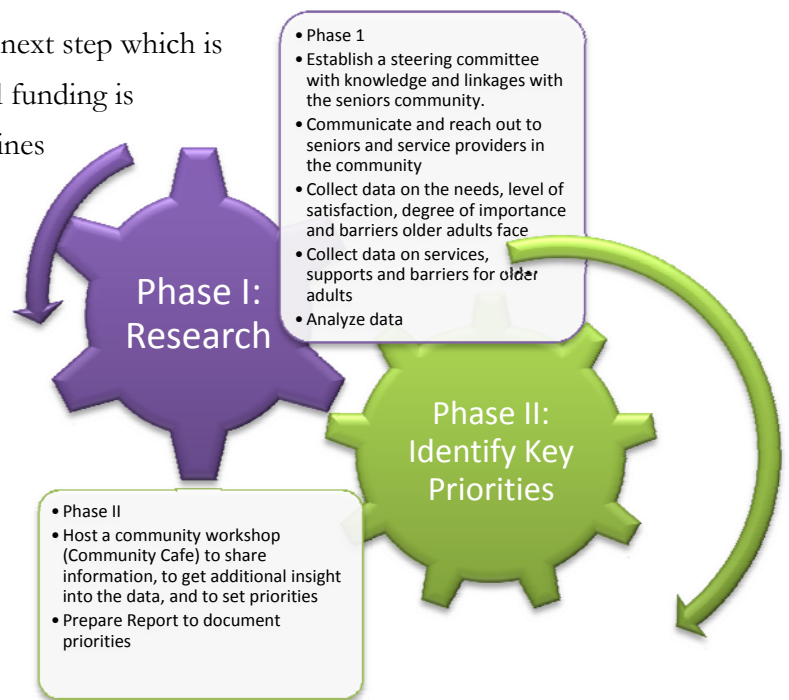
## Process

### Summary

The District spent the past 9 months working with the Select Committee (SC)<sup>3</sup> to identify the needs of its seniors population<sup>4</sup> and gaps that exists in its services to seniors. This information was used in prioritizing those areas that may need improvement in moving forward. The belief was that it was prudent to focus resources on areas most in need and not squander limited resources on areas where there isn't a demonstrated need. The overall results the District of Kent Age-friendly research showed that most community seniors believe that the District is a good place to live as a senior, which is a cause for celebration.

### Details

This work sets the foundation for the next step which is to create a detailed strategy (provincial funding is available to support this work). It defines the vision for the District in terms of being an age-friendly community. It raises awareness about the value of being an age-friendly community, conducts research on the needs and assets, and analyzes the data to (in collaboration with older adults and seniors) established the key priorities. The process for establishing priorities was based on a collaborative process with older adults and seniors and the service providers who work with this population.



### Project Outcomes

There were specific outcomes defined and subsequently achieved by this work:

- A high functioning and well-connected inter-sectoral team provided leadership for this phase and hopefully will inform the future phases
- Baseline data was established to monitor changing needs and interests and to position strategies real needs and opportunities

<sup>3</sup> See “Message from the Chair” for the list of SC members and the diverse perspectives represented on the committee

<sup>4</sup> The term senior is inclusive of a range of ages: older adults (55 to 64 years of age), junior senior (65 to 74 years of age), senior (75 to 84 years of age) and the elderly (85 years and older).

- Momentum and focus has been created to move forward
- Older adults and seniors feel respected and important to the community as a result of their participation and the fact that this project focused on their quality of life

### **Phase I: Research**

The purpose of Phase I was to collect foundational information from seniors, those who work closely with them and those whose work impacts them. A Select Committee (SC) was established to ensure the process and tools were effective, to raise awareness and to assist with data gathering and analysis. The SC was comprised of seniors and service providers who work directly with seniors.

One of the first tasks was to develop a communication strategy.

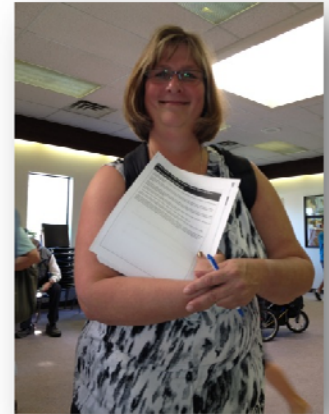
It was two pronged:

1. The Annual Agassiz Fall Fair held in September was determined by the SC to be the ideal method for getting the word out, distributing the survey, and to get some surveys filled out on site. The Fall Fair is very well attended by seniors including those who do not typically attend social activities. This strategy was very successful resulting in 27 surveys completed onsite.
2. Each member of the SC distributed the surveys through their extensive and diverse networks and, for those seniors who needed assistance, administered the survey to make the process easier.

The next task was to design and implement a survey to collect data on the satisfaction and importance of services and supports for seniors from their



perspective and the service providers who work with them. The survey was designed to break out the information based on 4 age segments<sup>5</sup>, marital status, health status, and social connections. The SC also decided to have two versions of the survey: a long form and a short form. The short form had 7 age-friendly related questions in combination with socio-



<sup>5</sup> The 4 age segments are: 55 to 64 years of age; 65 to 74 years of age; 75 to 84 years of age, and 85 years and older

demographic questions. The long form had 9 additional questions.

This phase was to include an inventory of services available to older adults and seniors. During the course of the project, Fraser Health stepped forward to take on the task of updating the existing Seniors Directory in the near future.

The final step in this phase was to summarize the data into 2 different formats. Each differs in the level of detail:

1. Summary Report - provides a quick reference document (See Appendix III Page 1 to 22). Verbatim answers to open-ended questions are presented in Appendix III Page 22 to 62)
2. The raw data in a database format (excel) – gives the District the ability to do additional calculations and provides a benchmark to track any changes.

### **Phase II: Priority-setting**

A “Community Café” (i.e. an informal gathering punctuated by lunch) was hosted in early December. Approximately 45 older adults and seniors attended. Most had not filled out the survey (23 people or 50%), meaning the discussion benefited from those who had completed the survey as well as the fresh perspective of those who had not. At the café, the survey data was shared with the participants. Using the survey data as a jumping off point (because it provided rigorous data), the group was asked to develop specific priorities within each of the four focus areas.

- Physically and Mentally Healthy and Active Older Adults and Seniors
- Socially Connected Older Adults and Seniors
- Older Adults and Seniors that are in poor health
- Older Adults and Seniors that have not chosen to be but are isolated



Using electronic voting devices<sup>6</sup> the group then prioritized the list down to the most pressing needs and opportunities i.e. strategies that will make the greatest difference, reach the most underserved, provide immediate gains to create momentum, and lay the foundation for longer term successes, etc. The technology gave people the opportunity to respond anonymously and provided quantitative data on the level of support.

## Survey Results

### Research Questions

The District's process focused on the eight key features of an age-friendly community (defined by the World Health Organization):

1. Outdoor Spaces & Buildings

*Does the natural and built environment help older persons get around easily and safely in the community and encourage active community participation?*

2. Transportation

*Can older persons travel wherever they want to go in the community, conveniently and safely, and is it friendly?*

3. Housing

*Do older persons have housing that is safe and affordable and which allows them to stay independent as their needs change?*

4. Social Participation

*Do seniors have opportunities for developing and maintaining meaningful social networks in their neighbourhoods?*

*Are the needs and preferences of seniors considered in planning by a diverse range of agencies and institutions?*

5. Respect & Social Inclusion

*Are public services, media, commercial services, faith communities and civil society respectful of the diversity of needs among seniors and willing to accommodate seniors in all aspects of society?*

6. Civic Participation & Employment

*Do older persons have opportunities to participate in community decision making?*

*Do older persons have opportunities to contribute their experience and skills to the community in paid or unpaid work?*

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<sup>6</sup> Voting process where an electronic hand held voting device is used for casting votes and counting results

## 7. Communication & Participation

*Are seniors aware of programs and services available within their community?*

*Is information readily available, appropriately designed and delivered to meet the needs of seniors?*

## 8. Community Support & Health Services

*Do older persons have access to social and health services they need to stay healthy and independent?*

The actual survey questions probed in greater detail to get at the answers to the above questions. The data was clustered around 6 Focus Areas: 1) Health Services 2) Social Aspects 3) Accessibility 4) Social Aspects 5) Transportation, and 6) Technology. Copies of the short and long form are in Appendix I and II.

## Results

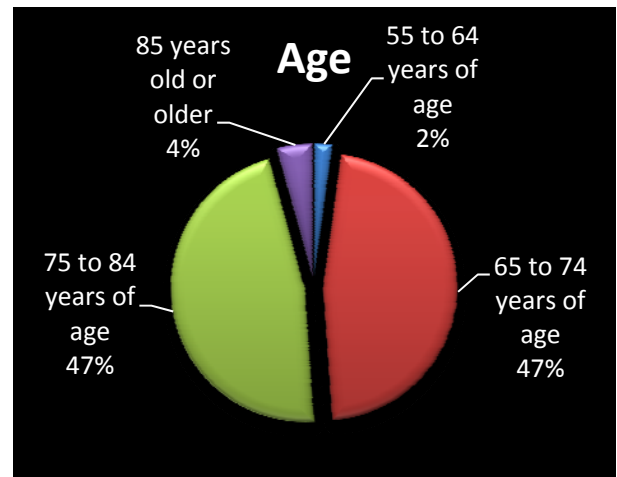
The survey was implemented September to October 2012. There were two formats. Paper copies were distributed by the SC members through personal outreach. The survey was also available electronically. A total of 80 surveys were completed: sixty-two (62) short surveys and eighteen (18) long surveys were filled out.

### Who participated?

The respondents had the following attributes:

Most were:

- between ages of 65 to 84 years of age (see chart to the right)
- female
- married
- physically healthy and active
- connected with friends and family regularly

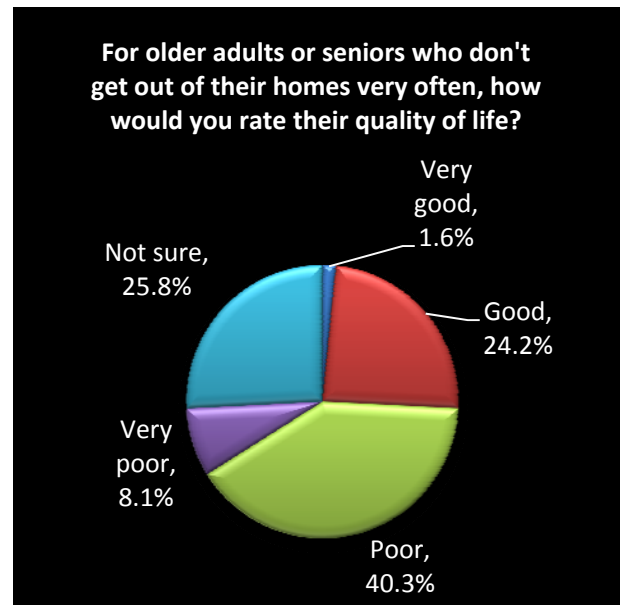


### Learnings

The overall results of the survey confirmed that the District is a good place for seniors to live. The community should be very proud of these results and commit to protecting these assets. The data also underscores the challenge with providing quality of life for those who are isolated.

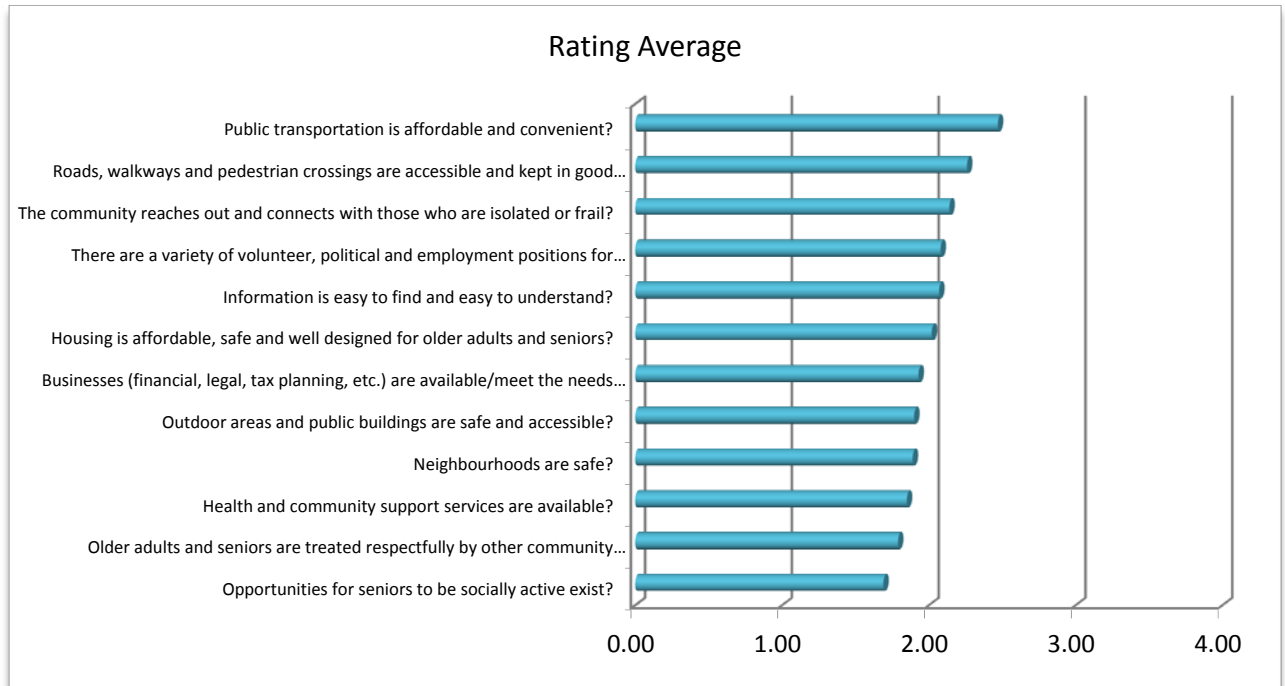
### Quality of Life

- In general, respondents rated the quality of life for older adults and seniors living in Agassiz as very good (24%) or good (71%)
- For older adults and seniors who are socially active i.e. regularly get out of their homes, the quality of life was rated as very good (46.8%) and good (50%)
- Some aspects that contribute to a high quality of life are:
  - Relaxing atmosphere
  - Easy vehicular access
  - Walkable community
  - Many services including Activity Centre, Friendship House, Peer Support Lunches, etc.
  - Friendly people
  - Diverse housing options
  - Lots to do and many clubs for those wishing to participate
- For older adults or seniors who don't get out of their home very often, the rating for quality of life is mixed (See chart to the right). This result reflects the fact that some are isolated out of choice whereas others have barriers that contribute to their isolation.



### Age-friendly attributes - General Ratings

The following chart summarizes the ratings across the key features of an age friendly community. There are more than the typical eight focus areas noted on Page 5 reflecting the additional detail the SC was looking for. The research reaffirmed the District is an age-friendly community since most ratings exceeded an average rating of “2”, some hovered around “2” and no ratings approached “3” or “4”. The reader should note that “strongly agree” is a rating of 1 whereas “strongly disagree” is a rating of 4. If everyone rated an attribute as “strongly agree” the average rating would be 1. The reader should pay attention to anything over “2” which means that the average rating was neutral to some degree of disagreement.



### **Age-Friendly attributes – Detailed Ratings**

The respondents were also asked to rate the importance of very specific elements as well as their level of satisfaction/convenience<sup>7</sup>. They were asked to be mindful of what is reasonable for the size of Agassiz.

Including both dimensions (importance and satisfaction/convenience) makes it possible to understand the elements that are essential to address and those that are non-essential.

Those that are essential to address are those that rated highest in importance and lowest in satisfaction/convenience. Elements that are not essential to address are those that were not important and had a high satisfaction or convenience ratings.

The results are summarized below in terms of 1) Essential and 2) Non-Essential:

### **Essential Focus Areas**

1. Communication
  - Very Important
    - Newspaper
    - Community Bulletin Boards
  - Some dissatisfaction with both
2. Transportation
  - Most important

<sup>7</sup> In the case of health services the second dimension was convenience rather than satisfaction i.e. the convenience of hospital services in Abbotsford, Chilliwack or Hope.

- Public transit within Agassiz
- Public transit to other local communities
- Not satisfied with both

### 3. Accessibility

- Most Important
  - Wheelchair access to services/businesses
  - Building entrances/ease of access
  - Sidewalks/cross walks
  - Resting areas, benches
- Not Satisfied - Just under half were not satisfied with
  - Public Washrooms
  - Quality of shopping for things seniors want or need

### Non-Essential Focus Areas

#### 4. Health Services

Out of an exhaustive list of health services the following were rated as important:

- Most important
  - Hospital services in Chilliwack or Hope
  - Ambulance
  - Doctors
  - Pharmacists
  - Homecare
- Few rated these as inconvenient

#### 5. Social Aspects

- Most Important
  - Opportunities to socialize with other adults in the same age group.
- Virtually no one was dissatisfied

#### 6. Technology

- Important
  - Access to computers by seniors in various community locations (i.e. library, Visitor's bureau, etc.)
  - Help to use computers, digital cameras, etc.
  - Access to the internet by seniors

## Priorities for an Age-Friendly Community

- Repair service for computers
- Virtually no one was dissatisfied

### Priority Areas Broken Down by Target Groups

At the Community Café, participants were asked to build on the survey data and identify specific priorities for each of older adult/senior target groups:

1. Physically and Mentally Healthy and Active Older Adults and Seniors
2. Socially Connected Older Adults and Seniors
3. Older Adults and Seniors that are in poor health
4. Older Adults and Seniors that have not chosen to be but are isolated

The following tables summarize all the priorities developed for each target group and the top choices are highlighted in yellow.

#### 1. Priorities for Physically and Mentally Healthy and Active Older Adults and Seniors (Top 3)

	Responses	
· Cross walk improvements	16	17.20%
· Communication of information	25	26.88%
· Senior and Fitness Opportunities	11	11.83%
· More walking trails	6	6.45%
· Expansion of Fitness Centre	8	8.60%
· Coordination of volunteer opportunities	22	23.66%
· Dog walking park	5	5.38%
	93	100%



#### 2. Priorities for Socially Connected Older Adults and Seniors (Top 2)

	Responses	
· Communication and connectivity	26	28.26%
· Community Events and social time for seniors	15	16.30%
· Community Safety	14	15.22%
· Volunteer opportunities	15	16.30%
· Information number or contact number	22	23.91%
	92	100%



## Priorities for an Age-Friendly Community

### 3. Priorities for Older Adults and Seniors that are in poor health

(Top 2)	Responses	
· Communication - monthly newsletter for shut-ins	16	17.39%
· More volunteer visitors	9	9.78%
· Resource centre with central coordination	22	23.91%
· Volunteer Drivers	8	8.70%
· Home care access and affordability	13	14.13%
· Efficient calendar of events	6	6.52%
· Contact for odd jobs	8	8.70%
· Once month gathering	7	7.61%
· Religious information	3	3.26%
	92	100%



### 4. Priorities for Older Adults and Seniors that have not chosen to be but are isolated (Top 3)

(Top 3)	Responses	
· Communication of services available	26	27.96%
· Connectivity between services	18	19.35%
· Transportation	20	21.51%
· Education – preparedness and technology	15	16.13%
· Safety	14	15.05%
	93	100%



## Conclusion

The District of Kent is in the enviable position of already providing a high quality of life for most older adults and seniors. This process reaffirmed that many elements of an age-friendly community are in place – health services (for a community of this size), opportunities to socialize, and technology support.

Of concern is the quality of life for those older adults and seniors who are isolated – not by choice but because of barriers they experience. Specific aspects that cut across all older adults and seniors relate to communication, transportation, access to public washrooms and quality shopping for items seniors want or need.

Priorities were defined for each of the 4 target groups.

1. Healthy and active older adults and seniors - the priorities are communication, coordination of volunteer opportunities, and cross walk improvements.
2. Those who are socially connected - the priority is on communication and connectivity between services and having an information number set up as a single source of information for seniors.
3. Older adults and seniors who are in poor health - the priority is on a monthly newsletter to provide sense of connection and key information to those who are isolated. The second priority is on having a resource centre or physical space that provides “one-stop shopping” for services and supports.
4. Isolated older adults and seniors (not by choice) – the priority is to have effective communication of programs that are available, have services that are part of a system of supports, and transportation within the community and to areas outside of the local area.

With this information in hand, the District of Kent is now positioned to proceed with developing specific strategies to address each of the priority issues.

Appendix I - Short form survey

Appendix II - Long form survey

## Appendix III - Detailed Survey Results