



Aging in Powell River

Supporting Powell River Seniors to Age in Place

Summary Report
Prepared for the Community of Powell River

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Introduction

The Canadian population is aging rapidly and, as aging comes with an increase in chronic conditions, healthcare costs are rapidly increasing as well. The move from community-based care to residential care is another major contributor to an increase in healthcare costs. Aging in place, defined as the ability for seniors (those who are 65 and older) to remain independent in their community for as long as they desire, is both considerably less expensive and desired by the majority of seniors.



Healthcare cost

The objective of this research project was to support the Powell River Division of Family Practice to understand how well seniors in Powell River are able to age in place and to explore what could be done to support them in doing so by answering the following research question:

How do local environmental aspects and informal and formal support systems affect the ability of Powell River seniors to age in place?



Care Need Availability

Figure 1. Impact of an aging population

To assist people to age in place, British Columbia offers publicly funded home and community care services designed to complement existing informal support such as care by family and friends. Over the last 10 years, access to home support services and residential care beds has dropped significantly, resulting in more people unnecessarily occupying hospital beds.

The research was conducted in Powell River. The Powell River Regional District is a rural community of approximately 20,000 people including 27% seniors. The community cannot be reached by land and public transportation services are limited, especially in the outlying areas. Houses are mainly detached, single-family homes with the living room above ground level. Powell River offers home and community care services, has several private care providers, and has a residential care facility. In 2015, an average of 14 patients were waiting in the Powell River's General Hospital for a residential care bed.

Literature Review

The literature review focused on three key elements that contribute to people’s ability to age in place: individual factors, the physical environment, and formal and informal care. The literature highlighted how seniors’ health is influenced by their physical activity level and social vulnerability and how their physical environment, including access to transportation, directly affects them. The literature discussed how communities could increase service access and provide volunteer opportunities for older adults, which positively affects their health.



Figure 2. Key elements that contribute to people's ability to age in place

The literature reported an expected decline in access to formal and informal caregivers and provided options to counter this development such as improvement of working conditions for formal caregivers and financial aid for informal caregivers. This includes individualized support to reduce caregiver burden, which is especially prominent in caregivers of Alzheimer patients. It highlighted lack of transportation, limited access to amenities, and reduced availability of formal and informal care providers as additional barriers for rural seniors to age in place. Additionally, the literature revealed how the loss of a driver’s license increases the risk of social isolation and decreases access to formal support services.

Methodology

The research uses a case study approach. Two case histories are presented based on interviews with two independent living seniors, observations made in their homes and direct environment, and interviews with their informal caregivers. Data was completed with a focus group of formal caregivers. In a workshop with executive staff of senior serving organizations, local government and MLA’s representative the data was analysed and input for recommendations provided.

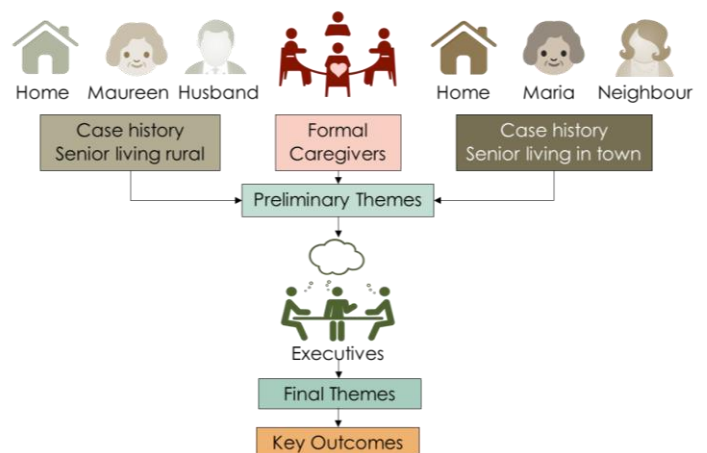


Figure 3. Research methodology

Findings and Discussion

The case histories describe the stories of two seniors, one living alone in the centre of town and one living with her husband south of town. They describe their struggle and resilience to remain as independent as possible in their own homes and highlight barriers accessing formal and informal support, barriers in their homes, outside and with transportation, the difficulty finding adequate housing, and the impact of moving at a later age to a new community. These barriers were confirmed as also existing for other seniors in the community in the focus group by the formal caregivers, who in addition identified loneliness as a common issue. The case histories are included in the appendix

Thirteen themes were developed and grouped within environmental aspects, support services, community, and individual factors based on the data. Further review of these themes resulted in four key outcomes: service access, social vulnerability, demand on seniors' finances, and demand on government resources. A model, illustrated in Figure 4 provides an overview of the interconnectedness between the themes and key outcomes associated with the research topic.

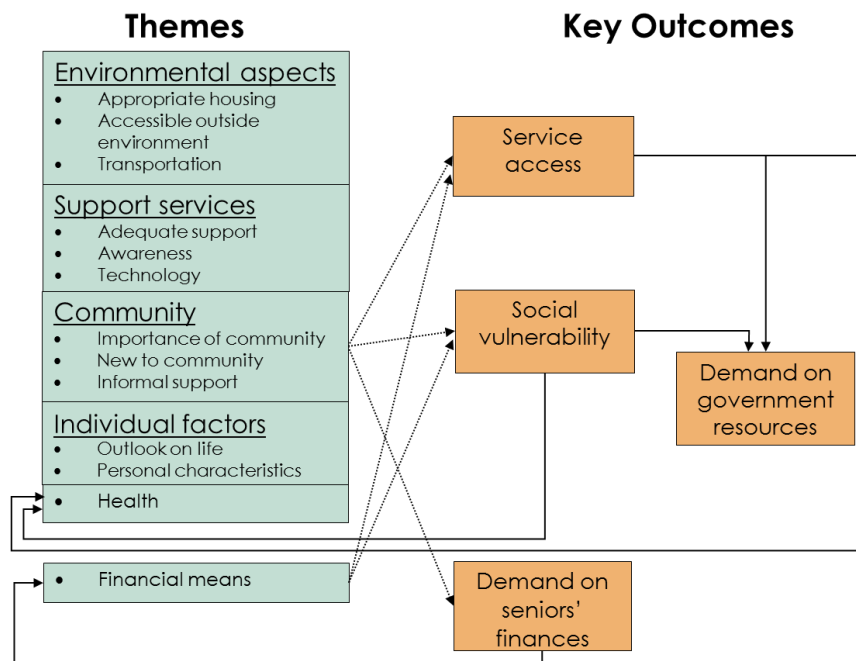


Figure 4. Preliminary model of the interconnectedness of themes and key outcomes

Issues caused by any one theme may affect service access, social vulnerability and the demand on seniors' finances, as well as an increase on the demand on government resources. The figure shows the crucial role of seniors' health and financial means and indicates how they may start a chain reaction that can force a senior to leave their home. It also shows how government has several options to prevent this development and reduce the demand on its resources.

Recommendations

The nine recommendations flowing from the research are based on the principle that improvements should be within the client or community sphere of influence, and are focused on improving service access and reducing social vulnerability. The recommendations are directed to the Powell River Division of Family Practice, and are organized by level of feasibility and expected impact as determined by the researcher:



1. Increase the use of telehealth equipment in the Powell River General Hospital to enable seniors to access specialist support in Powell River;



2. Approach the City of Powell River to adjust the funding criteria of the Powell River Community Forest to enable funding the PR Seniors Connect program in order to increase service awareness, apply for provincial and/or federal pilot-program status, and work with the province and/or federal government towards ongoing government funding;



3. Approach the City of Powell River and the Powell River Regional District to improve accessibility of the outside environment by incorporating Complete Street principles, developing sidewalks on both sides of the roads, and upgrading all shoulders on critical rural routes;



4. Approach the City of Powell River and the Powell River Regional District to improve transportation for people with mobility challenges by bringing all organizations together that serve and represent seniors and people with disabilities to develop a local solution to transportation inaccessibility, based on national and international best practices for people with mobility issues, particularly those living outside of city limits;



5. Approach the City of Powell River to work with the Powell River Community Foundation, the Powell River Community Forest, and the faith communities to develop a neighbourhood strengthening program and grant based on best practices.



6. Approach the Powell River MLA to work together with the Provincial Seniors Advocate to develop a comparison between our local needs and current Home and Community Care budget, and collaborate with the city and regional District to seek additional funding for home and community care services from Vancouver Coastal Health and the Provincial Ministry of Health;



7. Approach Vancouver Coastal Health to develop a business case to support a request for an additional investment from Vancouver Coastal Health's central office and the Ministry of Health to employ a geriatric specialist for Powell River;



8. Approach the City of Powell River and the Powell River Regional District to encourage the development of adaptable housing and use of universal design by implementing policies and educating the public;



9. Approach the City of Powell River to focus its recruitment campaign on young families to balance the high percentage of seniors in the community.

Conclusion

The ability of seniors to age in place in Powell River is both hindered and supported by elements in the environment, support services, community, and individual factors. This research describes how these elements affect service access, social vulnerability, and the demand on seniors' finances and how they may affect the demand on government resources. Upstream investments improving seniors' environment and support services can decrease the demand on government resources. This research also concludes that the promotion of Powell River as a retirement community draws older adults into the community, potentially causing more difficulties for all seniors to age in place.

Appendix: The stories of two Powell River seniors

This appendix provides the two case histories. Maria and Maureen are fictional names used to protect the identity of the seniors and their informal and formal caregivers

Maria

Maria is an 80-year-old woman who lives on her own in a small, older single-family home in the centre of Powell River. In 1980, Maria emigrated with her husband from Europe to Canada where they settled in the Cheakamus Valley. As her husband “was not much an educated person...and his language was more like men speak, like coffee shop people,” she used the Encyclopedia Britannica to learn English herself. She describes how they “lived there in wild . . . for several years” until “things were not going well, financially,” and they moved “out of the wilderness” to Squamish where they started a butcher store. The business was unsuccessful and they sold everything in 1985 and moved to a trailer in the Comox Valley on Vancouver Island where her husband’s brother lived with his wife and children. Maria moved a few times but stayed in the area for more than 25 years while her husband found work in different communities on the island and later in Enderby.

Because Maria was not comfortable driving in a foreign country, she was unable to visit her husband when he became sick while living in Enderby. Even though Maria and her husband, who never had children, had lived apart for most of the time and she had not seen him much the last years before he died, when he passed away in 2008 it had a great impact on Maria. “All of a sudden I felt that he wasn’t there anymore . . . and felt so alone.” Her friend advised her to get a cat and the animal gave her a lot of comfort. A long-time friend she knew from her time in the Cheakamus Valley, where they had experienced a large flood together, had previously moved to Powell River where she rented out a home. One day she invited Maria to come and live in Powell River. Friends helped her pack and on August 11th, 2011, Maria moved to Powell River where her long-time friend became her landlady.

Although Maria did not drive, she was “pretty mobile” when she first came to Powell River. Her neighbour recalled how Maria “walked a lot around town...with difficulty, but she was curious about Powell River and liked to walk.” She used to walk to the library with her walker to borrow classical music and took a taxi to help her with grocery shopping. In June 2012, Maria broke her hip. Early that morning she was not feeling well and, while standing still, she suddenly fell. “I think the hip broke and because of the break I lost all my balance and flipped over on one side of my body,” Maria recalled. She was able to roll to the telephone with her legs tightly together and called her landlady, who rushed over from the other side of town to let in the ambulance staff. Maria was sent to Vancouver Island for surgery and jokes how “the ferry had to wait for

your majesty.” The rehabilitation was successful and, though she continued using a walker due to balance issues, she was able to walk by herself and did not receive any support services. Slowly, however, walking became harder due to arthritis in her spine and the 300 meters to the library became too far. Shopping became too difficult too, because, as Maria indicated, “these stores are so big, man, I cannot walk that distance anymore.” Even when she was going out with her walker, according to a neighbour “the streets aren’t really set up for that, we don’t have a sidewalk [and] it is very rough out on the roads.” At places with sidewalks, the roads can be very steep or “you have a driveway let down...and the walker goes on a slant into the driveway.” Her neighbour recalled how Maria lost most of her mobility in the summer of 2013. Since then her health has further declined. “I have never seen as many doctors in my life as now,” said Maria laughing. She has been diagnosed with cancer, but remains optimistic: “you can trust the doctors these days . . . They can give operations and that they can take the problem away.” Although she knows she may die, she is not afraid of death as her faith gives her strength. “No matter what happens, I cannot really die, my body can, but not me,” explains Maria.

When asked about her independence, Maria laughed and wondered how independent she actually is. “I really have good home support,” Maria said. They come every morning to help her get dressed, “although, I can do a lot still myself, but it is awful tiresome when you have to do everything while standing on one leg or so you know. It is not so easy.” She ensures the door is open every morning before 9:00 am to let them in and waits for them while sipping her cup of tea. Besides help with getting dressed, home support does her dishes. Once a week she gets washed “because I don’t dare to do that alone anymore.” She declined having home support come in the evening to undress her, because the fixed times does not fit her personal schedule. Maria wants to have the freedom to go to bed earlier or stay up later to have a visit with her neighbour or listen to the radio. In addition to home support, Maria receives Meals on Wheels three times a week, which they place on a little table right at the door, a table Maria can move to her chair to eat. Maria also has a housekeeper come in once a week to clean the house and pays a woman who runs a small home-based business to do her groceries and take her to doctors’ appointments out of town.

Maria receives informal support from several different people, one of whom is her 72-year-old neighbour who was born and raised in Powell River and who she “met over the fence.” According to her neighbour, “We both have the same beliefs in the Lord Jesus Christ . . . and she’s got a remarkable knowledge of the Bible . . . so that’s a lovely thing between us.” She also adds how “she is a very nice person [and] nice to be with.” She visits seniors as well in both the Extended Care Unit and Willingdon Creek, but besides visiting Maria, she picks up some groceries for her and takes her for rides to local doctors’ appointments, or out for dinner or

lunch. Another neighbour across the road checks in on Maria occasionally and sometimes runs errands. Every Sunday someone picks Maria up to go to church or church events, but evenings especially “make her tired.” In the first months after she lost most of her mobility a man, “an acquaintance of an acquaintance,” helped with shopping and doctor appointments. She stopped his services when she got to know more women, as it is “better to be with ladies,” according to Maria. She and her long-time friends from Vancouver Island still call a lot. Maria also has one sister in Europe she phones sometimes for advice. “She’s a nurse, and although she’s younger, but she knows a lot,” said Maria. Maria’s cat died a few months ago. According to her neighbour the cat was a huge comfort for Maria, “you come home and there’s [cat] sitting there, you know, all cuddly and warm.” Maria brought up, “I would love to have cats around . . . because that fills your life . . . and you can enjoy them.” However, she knows taking care of a cat is physically too hard for her. Although, according to her neighbour, Maria “always has kind of an open door . . . a very welcoming space,” but she is “not sure that there are that many” who pay her a visit.

Although Maria is very pleased with the support she gets, her neighbour explained how “sometimes it can get to be too much if someone is coming in all the time.” “There are always little things that you wish someone would come and do,” Maria said. She has “said goodbye to these luxuries, because they are not important anymore. When you are this age, . . . many things are . . . not important, . . . like going out dancing or going to the parade. I’ve seen all the parades, so to speak.” She stopped watching the news years ago and cancelled cable TV, “because I had the feeling I’ve seen all that, I’ve been there, all these wars, they’re just repetitive.” Other things were harder to let go, like “to play on the beach with your feet in the sand” and watch the sunset. Now she enjoys listening to her old classical music records. She has learned to recognize each instrument and exclaimed, “It is amazing that in your old age you can still enjoy these things and pick it up and store it somewhere.”

Currently the ten steep steps to Maria’s home are the major obstacle. Maria has only the energy to take them “once or twice a day.” The stairs have sturdy hand railings on both sides, which are very helpful. Although she used to take the stairs sometimes on her own to go to the end of the driveway where she “can watch the boats come in and so on, on a nice day” even when she knew it was “sort of dangerous” as the stairs are slippery, she now waits for someone to help her with the stairs. The house has a wheelchair ramp at the back installed prior to Maria moving in, but the ramp is slippery and too hard for her to push herself up with her walker or wheelchair. The doors in the house are too small for a wheelchair and all have a small sill, which are obstacles for the walker Maria uses in the house. The compact size of her home allows her to hold on to walls, furniture, and doorways when she moves without her walker. Her neighbour describes it as “that kind of walking around where you hang on to things,” which she

describes as “dangerous in some way, [as] something might move” and Maria could trip. With the help of one of her paid helpers she has been able to get a bath chair, a raised seat for her toilet, and several walking aids from the Red Cross. Although they are on loan, Maria said, “they cannot come back because I need it every day, right. So I give a donation to the Red Cross and then I can use them permanently. And when I die they go back.” When moving around in her house, Maria has tied a small bag to her walker to ensure “that everything is at hand.”

Maria is aware that her memory is somewhat failing her. She finds it hard to recall places and asks several times “How’s it called again?” She exclaims, “Oh, that happens these days” and jokes how she used to know these things. Sometimes she cannot recall the English words and falls back on her mother tongue. She knows that if she needs to rely on a wheel chair, she cannot stay in her home. Her neighbour indicated how Maria “doesn’t like regimented things, and that’s why she’s putting off going into a home as long as she has” and she fears that Maria will not be able to “listen to [her] music quite loud.” She recently put her name on the waitlist for Kiwanis, an assisted living facility. “I am eligible for that now,” said Maria, but “there are seven before me.” Maria expects she has to wait at least half a year, which is a long time. “I phoned . . . once when I was in such pain, and I said ‘please don’t you have a spot for me in Kiwanis?’ but they could not help.” According to her neighbour “food to her is very important” and “she does not like . . . the hospital food,” which her neighbour thinks is served in the residential care facility and extended care, but not in Kiwanis. As she has not been able to visit Kiwanis, Maria said, “I have no idea what it is, and how I will be treated and what I can expect.” She would miss the view from her current home, the sunlight in her living room and kitchen, and her balcony, but said “I expect I have the same visitors coming as I has now.”

Maureen

Maureen is a 66-year-old woman with a strong European accent who moved to Powell River in 2005 when her husband retired as a bus driver after 35 years of service. Maureen and her husband have been married for 45 years and have two children. They moved to Powell River from the Lower Mainland, where they had lived for 25 years. After visiting many other communities their realtor had suggested, “Why don’t you take the extra ferry and go to Powell River?” They fell in love with the quietness and the community feeling when they visited as well as the available activities. “In Powell River you can do as much [activities] as you want, or as little as you want,” her husband said. They bought a mobile home 15 km south of town, with a large garden close to the beach. Maureen’s daughter and her husband moved up to Powell River six-and-a-half years ago, but her son still lives in the Lower Mainland. Although Maureen is close with her sister and brother who live in the Lower Mainland, she said, “I have to make the journey, you know, always me, and [my husband].” She indicated that it is the same for her

son. "You would think I was living in the other end of the world. But as they keep reminding us, we chose to live here."

Six years ago, Maureen suffered from a severe stroke that paralyzed her on her right side and affected her speech. Maureen recalled, "I was 61, you know, a month after my birthday [laughs]. What a shocker . . . you still surmise you've got 20 years, you know, or 15 or something like that, and one day you wake up, eh, everything is changed . . ." Maureen was flown to Vancouver for a 48-hour treatment. She was sent back to the Powell River General Hospital to recover for a few months before she could go back to Vancouver for six months of rehabilitation.

"I didn't feel sorry for myself when I had the stroke," said Maureen. Many people she met at the rehabilitation centre were wondering why they were so unlucky. "Why *not* you?" Maureen said, "you are the same as everybody else." Maureen, who had been taking care of people with disabilities for most of her life, thinks that her job might have prepared her for her stroke. Still, "[it] took a while to get used to, grieving [about] what I lost, which was myself, and [I] have to go on with my new self," Maureen said. She mentioned how "you have to give up some things, you know, that's been very hard for me."

However, she focuses on what she can do and tries to maintain it. "You have to learn new techniques . . . you learn to adjust," Maureen said laughing. With therapy, she has been able to learn to speak again but her speech is slower and she cannot always find all words. "It was a severe stroke, and um, what's the...stroke is uh...keeping me from saying what I want....uh.... [inaudible] [Sighs]," Maureen explained. Her husband expressed, "She was a big talker, loved talking on the phone and all that kind of stuff and now she doesn't like being on the phone anymore." Communicating can be sometimes frustrating for both of them. "It is more difficult to understand some things," he explained, "she just can't talk the way she used to, so she gets left behind in the group talk, you know?" Maureen's difficulty and her own discomfort communicating have resulted in her losing touch with all her new Powell River friends. Maureen does not get visitors, and when her husband is at work her 11-year-old dog is her only company. "Without [my husband] I would have no company at all . . . People shy away from you . . . it's like you've got a contagious disease," Maureen said. Her husband confirms that the friends they have are "long-time friends . . . over on the Island and . . . in Delta." He adds, "If we made more of an effort, we could probably be more involved with friends that we've got here," but Maureen finds it difficult "making conversation when she is always at the tail end of it."

Maureen received physiotherapy after her rehabilitation but had to pay for these services after a short period. "There is nothing free about the healthcare system when you have a stroke,"

Maureen said. She paid \$30 for half an hour to 45 minutes of therapy at home. "Until my daughter needed money, support money for the family," Maureen explained, "so I gave up that, and paid the money to the family," she said. Not only therapy costs money, also braces and walking aids. "Pay your bills or you do without," Maureen said. Money has been tight with the Canadian Pension Plan (CPP), Old Age Security and her husband's pension. Maureen admits that finances are always on her mind and she only goes to therapy if really needed. "I have to think about it a lot, and have to be really uncomfortable [sic] in my body before I would allow myself to restart [therapy]," she said. Her husband currently works as a bus driver for the School District and the extended benefits package that comes with the work has been a great help as it provides discounts and some free therapy. Although he admitted, "I'd rather play golf," he enjoys the work and would probably have still done the work even if Maureen had not had a stroke. "It gives us time away from each other," Maureen said, "[and] that's important too."

Some of the services Maureen used to receive have been cut and she feels that this is partly the case because seniors are not appreciated. "We would go in on a Thursday morning, and there's a group of us, three or four, and have hand exercises, that was super good. They stopped it. It was too expensive. One hour a week and they [were] complaining about the OT being paid for that hour . . . they just cut and cut and cut. I feel the older you get, the less you get . . . hoping we'll die off and cost them no more money . . . that's how we feel, you know."

Currently, she does some hand exercises every week at a volunteer run-program at the stroke club. The volunteers find it hard to come up with things for them to do and there are not always enough volunteers. She does not partake in other club exercises, "because they are all old people," Maureen explains laughing. "I am not there yet, in my head." "If [I] have enough money," her husband added, "I'd like her to have physio, at least twice a week and the pool, in the hospital, that was what really helped her the most." Not getting her exercises affects Maureen's health. She "stiffens up a lot," according to her husband, but when she gets physiotherapy "she's in a lot better mood[because] she's not aching as much." Speech therapy is another thing Maureen says she could use, "We have no one for speech therapy at all." With the appropriate therapy, she added, "we would not give up and . . . could last longer, outside . . . not being institutionalised."

Maureen can cook small meals, but is unable to chop and clean and she gets tired quickly. "I try to do everything," Maureen said, "but I am limited with being paralysed on that side." Since the stroke, her husband has taken over these chores and laughingly Maureen explains, "he is getting better." "Without [my husband] here with me, I would never be able to cope by

myself...I feel guilty about that, you know, because he is 70 years old now and he is working, as well as looking after me, and he is a cleaner...[laughs] he cleans with his eyes shut I think.” Her husband added, “our daughter will come along now and again, but she’s there for support but she doesn’t do that much . . . She has got the kids and all that stuff, so, basically I am the one.” Maureen is able to get dressed herself, but it takes her a long time and requires a lot of energy so her husband helps her. The only thing she is unable to do is tie her shoes. “When [my husband] was working out of town for three months . . . I had a neighbour, I paid her to come and tie my shoes every day,” Maureen said. She also paid her neighbour to come, chop up everything and clean the house. During that time, Maureen had an alarm button. “She never really used that,” her husband said, “but it was there if you needed.” The alarm brought peace of mind, something that he is missing now when he is out in the community with his choir or playing sports. “If I want to go away or do a round of golf, I am always worried about how she’s doing, because she’s always doing things she shouldn’t do.” He added, “I always tell her don’t do anything you can’t get out of, but she still does it anyways.” Maureen used to be an avid gardener. She still tries to do a little bit in the garden, but sometimes falls and her husband has to pick her up.

After her stroke, Maureen and her husband bought a computer to do memory exercises. She also uses it to entertain her grandchildren. “When they are here . . . we go on YouTube, and . . . the youngest one sits on my knee and we play Taylor Swift and Megan.” It is her way of making the best out of the situation. Maureen explained, “[I] waited so long to be a grandma and I always pictured what I would do, you know, games and crafts or anything, and I can’t do it.” She also took up online banking. “That’s good for me you know,” she mentioned, and adds that she would use it to go “online shopping [and] grocery shopping” if she would be by herself.

After the bathroom was adjusted and the bathtub replaced with a walk-in shower, Maureen does not consider there to be any obstacles remaining in the house. “I picked this house 10 years ago for that very reason,” Maureen said. However, the seven stairs to the front door are sometimes an obstacle. “It depends on my physical condition,” Maureen explained. “My knees are painful, but I can more or less do it, you know.” Maureen uses a walking stick, and a wheelchair and scooter for longer distances. She had to give up her driver’s license after her stroke. “No more driving, lost my licence, had to give it up and that was a hard break for me, because that meant freedom, independence. It’s like I am a nobody now.” Although the scooter can go up to 25 km, “[there] is nowhere to go except up and down the street,” Maureen said. “There is no sidewalk and it is risky, you know, the drivers in this town. It’s risky.” Because she lives south of town, there is no HandyDART. Maureen added, “South of town has no regular bus routes,” so her husband drives her everywhere. Sometimes they take the scooter in their van and they go to Willingdon or to the Lower Mainland. Maureen and her husband are planning to

sell their home and move to a mobile park with a smaller garden closer to town. "It is nicer, and they are all over 55 in there," her husband said. The main reason for the move is to enable Maureen to go out on her own. "It will give me more independence, I think," Maureen said. "I could go to the library and go to the bank myself . . . or shopping." She added that she would not care if people would stare at her. "I am not ashamed of how I am looking and I am not going to go away." She also thinks that she would be able to visit a social club more often if she has her own transportation.

Maureen does not want to go into extended care. "I would rather die than go in extended care," she said. "I've worked there: you don't want to live there." She thinks that she can stay independent as long as she remains healthy. She added, laughing, "I'll be able to stay in my house as long as [my husband] doesn't die. "I'll try not to die," he replied laughing.

