



**Age-Friendly Cities Project**

**Halifax Site**

**DRAFT**

# **Age-Friendly Cities Project Halifax Site**

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**A project of the World Health Organization (WHO)  
Summary Report • March 2007**

## Credits

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The Halifax site Age Friendly Cites Project was jointly sponsored by the Nova Scotia Seniors' Secretariat and Halifax Regional Municipality.

The project research and report was completed by the Nova Scotia Centre on Aging:

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\*Report does not represent the views or policies of the Province of Nova Scotia or the Halifax Regional Municipality.

### **Nova Scotia Seniors' Secretariat**

The Nova Scotia Seniors' Secretariat is a provincial government agency responsible for seniors. The Secretariat consults extensively with government departments, seniors, and voluntary seniors' organizations to coordinate the planning and development of government policies, programs and services for seniors.

### **Halifax Regional Municipality**

Located on the Province of Nova Scotia's south-central coast, Halifax Regional Municipality, also known as HRM, is the largest (5,577 square kms) economic and urban centre in the Province and on the east coast of Canada. It is also the largest city north of Boston and east of Montreal. Measuring approximately 165 km in length between its eastern and western-most points, it is the newest municipality in Nova Scotia, having been incorporated on April 1, 1996, when the Cities of Dartmouth and Halifax, the Town of Bedford and all of the former County of Halifax except First Nations reserves were dissolved and amalgamated into the current municipality.

### **Nova Scotia Centre on Aging**

The Nova Scotia Centre on Aging (NSCA) was established in 1992 with the mandates of applied research, continuing education and community outreach/consultation in age-related issues. The NSCA is affiliated with Mount Saint Vincent University's (MSVU) Department of Family Studies and Gerontology.

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## Table of Contents

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Message from Valerie White .....	4
Message from Peter Kelly.....	5
Message from the Nova Scotia Centre on Aging .....	6
Executive Summary.....	7
Introduction .....	11
1.1 Community Profile .....	13
1.2 Focus Group Methodology .....	21
1.3 Profile of Participants.....	23
1.4 Findings .....	25
1.5 Limitations of the Study .....	57
1.6 Summary of Findings .....	59
References .....	61

## A Message from Valerie White

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I first learned about the World Health Organization's Age-Friendly Cities Project from Federal/Provincial/Territorial colleagues approximately a year ago, before the project was set in motion. Subsequently, while attending the International Federation on Ageing 8th global conference in Copenhagen in 2006, officials from the World Health Organization (WHO) presented information on the project at which time I discovered there was a brief window of opportunity to get involved. To me, the fit between the work that the World Health Organization was proposing and the goals presented in the Nova Scotia Strategy for Positive Aging was clear.

Upon return from that conference, I arranged a meeting with Halifax Regional Municipality (HRM) Mayor Peter Kelly to share information about the project protocol and encourage the participation of the HRM. After describing the project to Mayor Kelly, he was equally convinced of the value of participation in the project for the HRM and the province.

This report presents the findings of the Halifax Site Age-Friendly Cities Project, jointly funded in Nova Scotia by the HRM and the Nova Scotia Seniors' Secretariat, with the research being completed by the Nova Scotia Centre on Aging. The overall goal of the research, which was conducted in over thirty cities worldwide, was to identify concrete indicators of an age-friendly city and to produce a practical guide to stimulate and guide advocacy, community development and policy change to make urban communities age-friendly.

The nature of the project, and the vital contributions from seniors, caregivers and frontline care providers, plus the partnership with the Municipality, aligned with our work on the Strategy for Positive Aging in Nova Scotia; a win for everyone. This project brings us one step closer to attaining the goals outlined in the strategy; we realize that making cities age-friendly is one of the most effective policy approaches for responding to an aging population.

I want to thank the Nova Scotia Centre on Aging for the wonderful work they have done collecting and compiling the research findings contained in this report. As well, my sincere thanks to HRM Mayor Peter Kelly for his support and commitment to making this project a success.



Valerie White  
CEO, Nova Scotia Seniors' Secretariat

## A Message from Peter Kelly

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The Halifax Regional Municipality in conjunction with the Nova Scotia Seniors' Secretariat and the Nova Scotia Centre on Aging are pleased to be a part of the World Health Organization's Global Age Friendly Cities project.

This initiative gives the Halifax Regional Municipality an opportunity to lead the way and work toward an age friendly city by increasing awareness of local needs, gaps, and possible solutions for improvement to stimulate the development of more age-friendly urban settings. Age-friendly communities enable all citizens to embrace possibility and mature actively by advocating positive aging policies.

Learning from the experiences of those involved in this research, we will look at developing policies aimed at the changing physical and social abilities of our citizenry as they continue to grow and mature. Through support we will enable our aging population to stay active so they can live in security, enjoy good health and continue to participate fully in society.

In closing, I would like to thank Valerie White for bringing this valuable project to my attention and inviting the Halifax Regional Municipality to come on board and I would like to also thank the researchers at the Nova Scotia Centre on Aging for their fine work.

Respectively, I remain



Peter Kelly  
Mayor

## Message from the Nova Scotia Centre on Aging

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The Nova Scotia Centre on Aging, Mount Saint Vincent University gratefully acknowledges the seniors in Halifax Regional Municipality who participated in the World Health Organization Age-Friendly Cities Project – Halifax Site. Thank you for taking the time to share with us your experiences and insights regarding the age-friendliness of Halifax, and for offering suggestions on improvements that might be made in Metro to make the city even more accommodating for older persons.

We are also indebted to the many seniors' centres, clubs and councils who helped with the data collection phase of the project. Representatives of these groups assisted the Research Coordinator to publicize the project, to recruit participants for our focus groups, and to organize the onsite logistics for the groups. Your time, efforts, and dedication to making sure seniors' voices are heard are all greatly appreciated.

We also extend our thanks to the WHO Age-Friendly Cities Project Advisory Committee members who volunteered their expertise, networks and time to make this project a success. Your input, encouragement and support throughout the process were invaluable.

A number of students and staff of the Nova Scotia Centre on Aging helped to make this project run smoothly. Chantal Brushett assisted with data collection, gathering information for the community profile, and logistics of the focus groups. Sue Pottie and Angela Diggs undertook the time-consuming process of transcribing focus group recordings. The project would not have been a success without the organizational, analytical and writing skills of Brenda Hattie, the Project Coordinator. Brenda gave a 100% to the project and we are grateful for her enthusiasm and dedication.

Finally heartfelt thanks also go to the Nova Scotia Seniors' Secretariat and the Halifax Regional Municipality. The project would not have been undertaken without your interest and support. Special thanks to Valerie White and Jeannine Jessome of the Nova Scotia Seniors' Secretariat for their steadfast support and guidance throughout the project. Your generous assistance speaks to your dedication to the seniors of this province and to your determination to ensure that seniors' voices are heard and their concerns are represented.

Sincerely,

Janice Keefe, PhD  
Director, Nova Scotia Centre on Aging

## Executive Summary

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This report presents findings from a World Health Organization (WHO) research project, jointly funded in Nova Scotia by the Halifax Regional Municipality (HRM) and the Nova Scotia Seniors' Secretariat designed to explore the age-friendliness of HRM. The overall goal of the research, which was conducted in over thirty cities worldwide, was to identify concrete indicators of an age-friendly city and to produce a practical guide to stimulate and guide advocacy, community development and policy change to make urban communities age-friendly. HRM and the Secretariat also hoped to increase awareness of local needs and gaps, and to identify ways in which the city might be made more age-friendly.

Data for the project was collected through six focus groups – four for seniors, one for service providers and one for caregivers. The goal of all the focus groups was to identify age-friendly features, age-friendly barriers, and to elicit suggestions for improvements from participants. Participants were asked to comment on eight topic areas: 1) Outdoor spaces and buildings; 2) Transportation; 3) Housing; 4) Respect and social inclusion; 5) Social participation; 6) Communication and information; 7) Civic participation and employment; 8) Community support and health services.

Thirty-eight individuals from HRM participated directly in the research, including 25 seniors, 8 service providers and 5 caregivers. A total of 11 communities in HRM were represented in the seniors' and caregiver focus groups. Data collection began in late December of 2006 and was completed in early February 2007.

## Findings

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### Age-Friendly Features

Healthy and reasonably mobile seniors – regardless of SES and age – are generally pleased to be living in Halifax Metro Area because it is a relatively small city which offers both a relaxed pace of life, and yet provides a variety of means for social participation. Age-friendly aspects of the city include its many parks which offer opportunities for exercise and socialization, its seniors' clubs and organizations, its thriving arts and theatrical community, and its public library system,. In general, healthy and active seniors, feel very included and respected in their communities, and feel that their contributions to their communities are adequately recognized. Service providers, as well, feel that Halifax is a fairly positive place for seniors to live. Age-friendly features include the city's relatively small size, its many parks and trails, and the variety of opportunities for social participation available to seniors through the city's many seniors' organizations and clubs and its arts and culture. Service providers also praise Metro's health care system with its concentration of specialists serving the needs of seniors.

## Age-Friendly Barriers

Seniors, caregivers and service providers all concur on a number of age-friendly barriers that have a significant impact on seniors. In terms of outdoor spaces, parking, sidewalk maintenance and crosswalks were all problematic. Parking spaces (both handicapped and otherwise) are at a premium in the Halifax Metro Area (Metro), and this is particularly problematic for seniors trying to access health care facilities. Parking fees are an added burden for seniors, especially given that many live on fixed incomes and tend to access health care facilities increasingly with age. Crosswalks are another outdoor concern for seniors; crosswalk lights do not give slow-moving seniors, particularly those with walkers and wheelchairs, enough time to cross, and there is also a need for more crosswalks with audible signals throughout the city. Sidewalk maintenance in winter is another concern for senior pedestrians. Icy sidewalks and curb cuts full of snow are just a few of the hazards seniors must navigate their way around when going out in winter. All of these in various ways act as barriers to active ageing in Halifax. The hilly topography of Halifax also plays a significant part in limiting and/or rendering more difficult and hazardous the ability of seniors to be active in the city.

Seniors feel that in general, Metro has age-friendly public buildings. Notable exceptions are buildings in the older, downtown core, a number of which are still not up to code. Shopping centres and malls in Metro get mixed reviews from seniors. Some are better than others. Central concerns focused on the dearth of washrooms in many centres, as well as a lack of comfortable benches for resting. Seniors also prefer malls to business parks as these are more amenable to shopping in inclement weather and allow seniors both to shop at their pace and to socialize.

Older persons in Halifax have a number of concerns around housing. Rising housing costs and taxes, and the costs associated with retrofitting homes are all major concerns for home owning seniors, particularly for those on fixed incomes. The lack of adequate seniors' housing, at all levels of care, and lengthy wait times are also concerns, especially for those with disabilities and for caregivers who are trying to find housing for family members for whom they are providing care.

Seniors' concerns regarding public transportation focus primarily on bus driver insensitivity toward the needs of seniors, and the inadequacies associated with the accessible bus system. Caregivers also note the insensitivity of cab drivers toward the needs of seniors with disabilities. Senior drivers point to the need for larger print on street signs, and signage that provides sufficient warning of lane changes.

In general, seniors in Halifax are satisfied with the level of respect and social inclusion they experience in their communities, although some seniors are chagrined at the lack of respect they are shown by youth and by some businesses. Caregivers, on the other hand, note a subtle exclusion of those for whom they care, from public

celebrations, events, and programs, and experience a significant degree of isolation from family and friends.

Seniors have a variety of ways of accessing information in Metro, including local radio and television stations, community newsletters, and the Internet. However, seniors who do not have access to the Internet, or do not know how to use it, often feel left out of the loop in a world that increasingly relies on technology for communication. Automated phone systems are also frustrating and confusing to seniors who would rather get their information from a "real" person. The small print used in many publications also creates a barrier to seniors accessing needed information.

Healthy and active seniors in Halifax feel they are provided with ample opportunities for civic engagement, and are made to feel welcome by municipalities and political parties in a variety of ways. Senior volunteers, in particular, find their volunteer experiences fulfilling, rewarding, and appreciated by their communities. In fact, some seniors' volunteer work opens doors to part or full time employment opportunities. Seniors confined to their homes due to significant disabilities, however, are largely excluded from civic engagement, and may in fact experience significant challenges engaging in civic duties such as voting.

Nova Scotia's Department of Health has a Continuing Care program which offers health and social supports to seniors who want to remain in their homes, including those in HRM. However, many of the needs of seniors are not covered by the province, so the quality and quantity of care is significantly dependent upon seniors' ability to pay.

Finally, the weather in Halifax, particularly in winter, significantly limits seniors' ability to socialize, to get exercise, to get to appointments, and to do errands. This has implications for both their physical and mental health, and for their ability to enjoy reasonably health and active lives while remaining in their own homes.

### **Suggestions for Improvement**

Seniors, caregivers and service providers concurred on a number of suggestions for improvement to age-friendly barriers in Halifax. Some of the most commonly cited include: 1) the creation of more parking spaces, particularly handicapped parking 2) the ability to claim parking expenses related to health care for those who are providing care for family members 3) the improvement of sidewalk maintenance in winter time 4) the lengthening of signal times related to crosswalks and/or the addition of a pedestrian-only signal light 5) the addition of more benches and washrooms in public spaces, particularly shopping centres 6) the creation of more seniors' housing at all levels 7) sensitivity training for bus and taxi drivers 8) improvement in the numbers of accessible buses and the enhancement of the

flexibility of its scheduling 9) the creation of a central information service for seniors 10) the inclusion of vital senior-specific information with yearly income tax bill 11) the provision of relevant information in large-print from all provincial, federal and municipal governments 12) improvements to the Continuing Care services provided by the province.

## **Limitations**

Limitations of the study included the relatively low number of participants as well as the overall lack of representation of: 1) seniors 75+ 2) isolated seniors 3) seniors living in poverty and 4) seniors with significant literacy issues. These limitations are described in detail at the conclusion of this report.

## Introduction

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“...respect is acknowledging a person for where they’re at...acknowledging what they have done in the past, what they are doing now - no ageism.”

– Service Provider

In the developed world, about 75 percent of older adults live in metropolitan areas and the proportion will grow to 82 percent by 2025. Making cities age-friendly is one of the most effective policy strategies to respond to demographic aging, which is taking place throughout the developed world, and particularly in Nova Scotia where this percentage is forecast to be even higher.<sup>1</sup> According to the Seniors’ Statistical Profile<sup>2</sup> produced by the Nova Scotia Seniors’ Secretariat, Nova Scotia has the highest percentage of seniors in Atlantic Canada, and the second-highest in Canada as a whole. Seniors are the fastest growing demographic of the province’s population, expected to comprise 25 percent of Nova Scotia’s population by 2026. Halifax, where seniors comprised 11 percent of the population in 2005, is expected have a seniors’ population of 15.8 percent by 2016.

In 2002, the World Health Organization (WHO) released its Policy Framework on Active Ageing, defining active ageing as “optimizing opportunities for health, participation and security in order to enhance quality of life as people age.”<sup>3</sup> WHO has used this framework to develop guidelines that can be used to make health care services more age-friendly, that is, more responsive and accessible for seniors. The WHO is now focusing on the role environmental and social factors play in active ageing in cities. The goal of the WHO Age-Friendly Cities project was to identify concrete indicators of an age-friendly city and to produce a practical guide to stimulate and guide advocacy, community development and policy change to make urban communities more age-friendly. Halifax Regional Municipality (HRM), who in conjunction with the Secretariat funded the project, was one of the cities chosen to participate in this enterprise. By participating in the project, HRM aimed to increase awareness of local needs and gaps, to identify ideas for improvement, and to encourage development of an age-friendly city. Under the leadership of the Nova Scotia Seniors’ Secretariat, a research team from the Nova Scotia Centre on Aging at Mount Saint Vincent University conducted six focus groups throughout the city: four with seniors aged 60 and over, one with caregivers of seniors who were unable to represent themselves, and one with service providers. The following report presents the findings from those discussions, including participants’ views on the age-friendly advantages of Halifax, the aspects of the city

<sup>1</sup> (Keefe, Janice and Katherine Side (2003). Net loss population settlement patterns and maintenance of rural health status: A case study in Atlantic Canada. Unpublished report. Online: <http://www.msvu.ca/mdcaging/pdfs/ruralhealth.pdf>)

<sup>2</sup> Nova Scotia Seniors’ Statistical Profile, 2005.

<sup>3</sup> World Health Organization Global Age-Friendly Cities Project brochure

that make life in Halifax difficult for seniors, and suggestions for improvement.

The report begins with a community profile of Halifax – the “where” of the project - providing the uninitiated with a snapshot of the city and an understanding of contextual factors that shape the lives of seniors. This is the setting in which the seniors represented in this report live their lives. As will become clear, Halifax’s location has significant implications for the lives of its senior citizens. The community profile is followed by a description of the methodology used in conducting the research – the “how” of the project – which in this study followed the template established by the WHO. The next section, the “Participant Profile”, provides a description of the participant sample, or the “who” of this report. It tells the reader who is represented in the findings and who is not, and helps give some context to the information, particularly the quotes, that have been included. The “Findings” section of the report present the “what”. What did participants tell the researchers about the age-friendliness of Halifax? What were their suggestions for improvement? The findings are followed by a discussion of the limitations or flaws of the research which have implications for the conclusions that can be drawn from the findings. The limitations also indicate areas for future research. The report concludes with a summary of the findings.

## 1.1 Community Profile

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### Geographic Location and Topography

Located on the Province of Nova Scotia's south-central coast, Halifax Regional Municipality, also known as HRM, is the largest (5,577 square kms)<sup>4</sup> economic and urban centre in the Province and on the east coast of Canada. It is also the largest city north of Boston and east of Montreal. Measuring approximately 165 km in length between its eastern and western-most points, it is the newest municipality in Nova Scotia, having been incorporated on April 1, 1996, when the Cities of Dartmouth and Halifax, the Town of Bedford and all of the former County of Halifax except First Nations reserves were dissolved and amalgamated into the current municipality. The urban core of HRM, known as the Halifax Metro Area or simply "Metro", is built on a series of hills and plateaus surrounding the Halifax Harbour and is dominated by a massive old fortress known as the Citadel. Running in a northwest-southeast direction, the harbour includes the Bedford Basin, measuring approximately 8 kilometres long and 5 kilometres wide, which served as a strategic gathering place for British convoys during World War II.

### Distinctive Characteristics

Founded by the British to capitalize upon its strategically located and easily defended port, Halifax's early economic and social life developed around a strong military and shipbuilding tradition.<sup>5</sup> Today, however, the city boasts a well-diversified economy and labour force, and has become the social, educational and artistic centre of Atlantic Canada. Distinctive features of the city include:

- home to over 100 Government of Canada departmental offices or agencies, capital of the province and centre of provincial government in the province
- the home port for Maritime Forces Atlantic (MARLANT), the Navy's east coast fleet
- the Halifax Stanfield International Airport, Atlantic Canada's principal full-service airport which contributes \$1.15 billion to the provincial economy<sup>6</sup>
- seven post-secondary educational institutions, including 6 universities and a college of Art and Design making Halifax the second highest educated workforce in Canada

<sup>4</sup> <http://www.destinationhalifax.com/downloads/HfxRegionalMunicipality.pdf>

<sup>5</sup> <http://www.gov.ns.ca/nsarm/virtual/halifax/ch7.asp?Search=&SearchList1=7>

<sup>6</sup> <http://www.hiaa.ca/default.asp?mn=70.1.11&id=190&pagesize=1&sfield=MenuId&search=11>

- the QEII Hospital complex, one of the largest concentrations of health care facilities and specialists in Canada including the Centre for Health Care of the Elderly (CHCE), a multi- service, interdisciplinary program which includes a Geriatric Medicine Research Unit
- the Maritime Museum of the Atlantic, the oldest and largest Maritime Museum in Canada<sup>7</sup>
- a significant film-production industry<sup>8</sup>, with many American and Canadian filmmakers using the city's outdoor areas and buildings
- a World Trade and Convention Centre complex which in 2006 welcomed 874,000 visitors for 673 events, generating \$165.8 million in user expenditures and spin-off impacts<sup>9</sup>
- an internationally recognized and award winning solid waste resource management system

## Climate

The climate of the Halifax Metro Area is heavily influenced by both its location on the North Atlantic and the moderating influence of the Gulf Stream. Central features of the weather include high precipitation, strong winds, fog and salt spray, with fog occurring 15-25 per cent of the year<sup>10</sup>. Temperatures tend to be milder in the winter and cooler in the summer ranging between -15°C (23°F) and 25°C (77°F). Episodes of snowfall generally begin in late November and continue until April, attended by continuous melting and freezing.

## Population and Population Changes

Halifax Metro Area has 359,183 residents, or nearly 40 percent of Nova Scotia's population of 908,005<sup>11</sup>. From 1996 to 2001 Metro increased its population by 4.7 per cent. A recent study by the Conference Board of Canada suggests that the population of Halifax will reach 450,000 by the year 2020 under current trends. Halifax has a relatively young population; over half the population is under 40 and more than a quarter are under the age of 20.<sup>12</sup>

<sup>7</sup> <http://museum.gov.ns.ca/mma/about/about.html>

<sup>8</sup> According to the Nova Scotia Film Development Corporation, Nova Scotia is the fourth largest production centre in Canada (see [http://www.film.ns.ca/focus\\_stats.asp](http://www.film.ns.ca/focus_stats.asp)).

<sup>9</sup> Trade Centre Limited Annual Accountability Report For the fiscal year ending March 31, 2006 <http://www.tradecentrelimited.com/documents/1/2006%20Accountability%20Report.pdf?CFID=286885&CFTOKEN=43893027>

<sup>10</sup> <http://atlantic-web1.ns.ec.gc.ca/climatecentre/default.asp?lang=En&n=61405176-1>

<sup>11</sup> As of July 1, 2005, Nova Scotia's population is estimated to be 937,889

<sup>12</sup> <http://www.gov.ns.ca/scs/pubs/StatProfile2005.pdf>

In 2005, Halifax had the youngest population where seniors comprised only 11 percent of residents (43,220), compared to 12 of the 18 counties of the province that have a seniors population that represents 15 per cent or more of the population.<sup>13</sup> Statistics Canada estimates that the senior population of Halifax will increase to 65,570 by 2016, or 15.8 percent of the total population.

Approximately 33,000 residents live in the city's urban core. In 2004, Downtown Halifax grew by 14 percent over the previous year. The number of seniors is greater in the urban core, 15 percent more than in Halifax as a whole at 10 per cent. As of 2001, the proportion of Older Persons 55-64 was 32,020 or 8.9 percent, and the proportion of Older Persons 65 – 74 was 6 percent. The proportion of older persons over 75 was 17,980 or 5 percent (Province of Nova Scotia, 2006).

In 2001, 45 percent of HRM identified as being Canadian in origin. A majority of the people also identified as:<sup>14</sup> British (82.6%), followed by French (17.6%). Halifax has a visible minority population of 7 per cent and a Black population of 3.7 per cent (Province of Nova Scotia).

**Table 1: Population Statistics, Halifax Metro Area, Halifax Regional Municipality, and Nova Scotia, 1996 and 2001**

	Population 1996	Population 2001	% Change (1996-2001)
Halifax City	113,910	119,292	4.7
Dartmouth City	65,629	65,741	-0.1
Halifax County	342,966	359,183	-0.1
Town of Bedford	13,638	16,102	-0.1
Halifax Regional Municipality	4.7	342,851	359,111
Nova Scotia	909,282	908,007	-0.1

Source: Statistics Canada (2001d). 2001 Census Community Profiles, Population Statistics for Halifax Regional Municipality, Nova Scotia. Retrieved December 20, 2006 from <http://www12.statcan.ca/english/profil01/PlaceSearchForm1.cfm>.

### Housing Types and Tenure

In 2001, 61.8% of the population of Halifax Metro owned their dwellings and 38.2% rented. On average, home-owning residents in HRM were making monthly payments of \$823 in 2001, compared with \$754 in 1991 (Province of Nova Scotia, 2006). Average monthly rent in Halifax County increased from \$586/month in 1991

<sup>13</sup> Ibid.

<sup>14</sup> Ethnic origin is based on single and multiple responses in the 2001 Census.

to \$657/month in 2001” (Province of Nova Scotia, 2006). 292,785 persons were living in families in 2001, an increase of 9.0% from 1991. 1.9% of persons were living with relatives, 5.0% were living with non-relatives, and 10.6% were living alone (Province of Nova Scotia, 2006).

## Industry and Employment

Halifax Metro Area is an important site of economic activity for the region and the province as a whole.<sup>15</sup> The Labour Force Participation Rate in September of 2006 was 69.2% (up .2% from 2005), with a Labour Force size of 215,500. The unemployment rate in 2006 was 5.6%, up from 5.2% in 2005. Major employers include the Department of National Defense, the Halifax International Airport, which contributes \$1.15 billion to the provincial economy,<sup>16</sup> and the Port of Halifax, which generates an annual income of almost \$700 million and creates over 9000 direct and indirect jobs.<sup>17</sup> In September of 2006, Halifax Metro Area’s level of labour participation was 69.2%, which is 2.1% above the national average, and the highest of all cities in the Atlantic Region.<sup>18</sup> Unemployment for the area during the same period stood at 5.6%, 0.8% lower than the national average and the lowest in the Atlantic region.<sup>19</sup>

Primary Industry	Level of Employment
Processing, Manufacturing & utilities	4,400
Art, culture, recreation & sport	6,400
Health	11,800
Natural and applied sciences	14,500
Social sciences, education & government	19,000
Management	19,800
Trades, transport & equipment	26,700
Business, finance & administration	42,900
Sales & Service	56,300

<sup>15</sup> Ibid

<sup>16</sup> <http://www.hiaa.ca/default.asp?mn=70.1.11&id=190&pagesize=1&sfid=MenuId&search=11>

<sup>17</sup> Greater Halifax Partnership [http://www.greaterhalifax.com/site-ghp/media/GreaterHalifax/Transload\\_RFP\\_October\\_3\\_2006.pdf](http://www.greaterhalifax.com/site-ghp/media/GreaterHalifax/Transload_RFP_October_3_2006.pdf)

<sup>18</sup> <http://www.greaterhalifax.com/grow/en/home/facts/labour/default.aspx>

<sup>19</sup> Ibid.

## Economic Status of Seniors

The income for younger seniors (65–74) in Nova Scotia was slightly higher than that of their older counterparts (75+). The average income in 2002 for seniors between 65 and 74 was \$25,200 or 11 per cent more than the income of \$22,700 received by older seniors. This is because younger seniors benefit more from private pensions and paid employment; while older seniors enjoy higher public benefits (OAS and CPP) and investment income. Seniors aged 65–74 derived nearly half (46%) of their income from OAS and CPP, followed by private pension (35%), investments (10%), and employment (10%). More than half (54%) of the income for older seniors came from public benefits; while 32 per cent came from private pensions, 13 per cent from investments, and 1 per cent from employment. Average income for senior residents aged 65–74 in Halifax was \$30,800. In 2003, the average household income of single-seniors was \$20,600; half the income for families of seniors. Of the 18,000 seniors living below the poverty line, or LICO<sup>20</sup>, 72 percent are female. Further, nearly one-half of all senior women living by themselves are living below the LICO.<sup>21</sup>

## Transportation

Metro Transit, funded by HRM<sup>22</sup>, operates a full bus and ferry service within the Halifax Metro area, including two services for persons with disabilities: 1) the Accessible Low-Floor (ALF) buses, which have floors that lower to curb level and a wheelchair ramp with securement provisions for two chairs; 2) "Access-A-Bus" which is "a shared ride, door-to-door, public transit system for persons who are unable to use the conventional transit system, due to a physical or cognitive disability and are declared eligible through a registration process".<sup>23</sup> An accessible taxi service, "Need-A-Lift", also operates throughout HRM.

## Recreation and Culture

With the highest population in Atlantic Canada, Halifax Metro Area is the major cultural centre within the region. Metro has a number of art galleries, theatres and museums, as well as most of the region's sports and entertainment facilities. A thriving music industry plays a major role, with local pubs and bars offering Celtic fiddling and traditional music, and the area has also become a significant film-production centre<sup>24</sup>, with many American and Canadian filmmakers making use of the city's outdoor areas and buildings. The urban core boasts numerous parks and

<sup>20</sup> LICOs are defined by Statistics Canada as income levels at which families are worse off than the average when taking into account income going to essentials such as food, shelter, and clothing. The size of one's family and community are also taken into account.

<sup>21</sup> [http://www.phac-aspc.gc.ca/seniors-aines/pubs/fed\\_paper/fedreport3\\_02\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/pubs/fed_paper/fedreport3_02_e.htm)

<sup>22</sup> Ibid.

<sup>23</sup> [http://www.halifax.ca/metrotransit/access\\_a\\_bus.html](http://www.halifax.ca/metrotransit/access_a_bus.html)

<sup>24</sup> According to the Nova Scotia Film Development Corporation, Nova Scotia is the fourth largest production centre in Canada (see [http://www.film.ns.ca/focus\\_stats.asp](http://www.film.ns.ca/focus_stats.asp)).

provides opportunities for year-round outdoor activities including jogging, skating, and hiking. There are also a number of pools, fitness centres and arenas throughout Metro, providing opportunities for a variety of sports.<sup>25</sup> The harbour is also home to a number of yacht clubs.

## Health Services

Halifax has one of the largest concentrations of health care facilities and specialists in Canada. The Dalhousie Medical School, one of Canada's oldest medical schools and the only one in the Maritimes, is also located in the city. Health services in Halifax Metro are provided by the Capital District Health Authority (CDHA)<sup>26</sup>, District Health Authority (DHA)<sup>27</sup>. A series of Community Health Boards<sup>28</sup> comprised of volunteers from the various communities in the city collaborate with community groups and organizations in the provision of health care and prevention.<sup>29</sup> The city has five hospitals which provide primary and secondary care services to Metro area residents and beyond. The QEII, the province's largest health care centre and one of the region's leading research institutes, is home to The Centre for Health Care of the Elderly (CHCE), a multi-service, interdisciplinary program, which includes a Geriatric Medicine Research Unit. The Centre offers a variety of services including interdisciplinary comprehensive geriatric assessment, treatment and education of frail older persons and their families.<sup>30</sup> The Geriatric Day Hospital & Falls Clinic, also part of the CHCE, provides rehabilitative and other services "to help the elderly reach a higher level of function or maintain their present level so they can stay in their home"<sup>31</sup>. The Nova Scotia Department of Health's Continuing Care program serves those who need ongoing care outside of hospital, either on a long-term or short-term basis. Mental health services in the region are provided by the Nova Scotia Hospital, a teaching facility affiliated with Dalhousie University and one of several facilities in Capital Health providing this service. The facility is in part supported by and works alongside the Mental Health Foundation of Nova Scotia.

<sup>25</sup> <http://www.halifax.ca/recreation/Facilities.html>

<sup>26</sup> [http://www.gov.ns.ca/health/dha\\_map.htm](http://www.gov.ns.ca/health/dha_map.htm)

<sup>27</sup> In 2001, nine District Health Authorities (DHAs) were created by the Province of Nova Scotia. The DHAs are responsible for health services, including planning, managing, delivering, monitoring and evaluating services.

<sup>28</sup> <http://www.cdha.nshealth.ca/communityhealth/index.html>

<sup>29</sup> Ibid.

<sup>30</sup> <http://www.cdha.nshealth.ca/programsandservices/chce/index.html>

<sup>31</sup> <http://www.cdha.nshealth.ca/programsandservices/geriatricdayhospital/aboutUs.html>

## Standard Mortality Rates

The Standard Mortality Rates in District 9 is 618.41 per 100,000 persons.<sup>32</sup> This is lower than the provincial mortality rate of 635.51 deaths per 100,000 persons. In Halifax proper they are 611.23.<sup>33</sup> The two most common causes of death in DHA 9 were cancer at 194.77 per 100,000 persons and cardiovascular disease at 135.43 per 100,000 persons.<sup>34</sup>

## Government

HRM includes 5 ridings, three of which are primarily located in Metro Halifax. There are three main parties in HRM – Progressive Conservative, Liberal and New Democratic. The Progressive Conservative party came to power in 2006 and is holding a minority position in the House of Assembly, with less than 50% of the seats. Government is also responsible for the Seniors' Secretariat, a provincial government agency responsible for policies, programs, and services for seniors. The Seniors' Secretariat is advised by a number of seniors' organizations such as the Gerontology Association of Nova Scotia. Further, Nova Scotia is home to several health-related societies and associations dedicated to supporting seniors as well as local chapters of several national bodies such as the Canadian Association of Retired Persons (CARP), Royal Canadian Legion, and Federation of Senior Citizens and Pensioners. The city of Halifax also has a Meals-on-Wheels program, Victorian Order of Nurses (VON) chapter, and in 2003, a Safe Communities Program.

<sup>32</sup> [http://www.gov.ns.ca/health/downloads/NS\\_Mortality\\_rate\\_95\\_04.pdf](http://www.gov.ns.ca/health/downloads/NS_Mortality_rate_95_04.pdf)

<sup>33</sup> Ibid

<sup>34</sup> Ibid

**DRAFT**

## 1.2 Focus Group Methodology

The focus groups were conducted by two members of the research team. The groups were designed to identify features of the physical and social environment that are age-friendly, and those which are not, and to elicit local ideas and suggestions to improve age-friendliness. Assessment was to take place in two steps. Focus groups with seniors were held first, followed by focus groups with local service providers in the public, commercial and voluntary sectors. Due to scheduling difficulties, the focus group with caregivers was held last.

Seniors' groups in HRM were identified through the Directory of Senior Citizens' Councils, Clubs, Centres and Organizations 2006-2007, produced by the Nova Scotia Seniors' Secretariat. The President for each group was contacted by phone or email by a member of the research team and invited to participate in recruiting 8-10 seniors for the four seniors' focus groups. Those who agreed to help recruit were sent a packet of Project Information Sheets and WHO brochures describing the Age-Friendly Cities project, to be distributed to seniors in their organization(s). Members of the Advisory Committee were also invited to help recruit participants for focus groups. The criteria for selection of participants for the seniors' groups were that they must be 60 or over, "must be able to communicate clearly, to understand the task and the questions, and to provide their own point of view"<sup>35</sup>.

The president (or a designate) of each organization was asked to distribute information regarding the Age-Friendly Cities Project to constituents and to encourage interested members to contact one of the research team. Alternatively, interested seniors provided their contact information to the president, or designate, who then forwarded the information to a member of the research team. Each interested senior was telephoned and screened to determine eligibility for the project. Members of the project advisory committee also assisted with recruitment, using the same strategies as those used by the heads of seniors' organizations. Eligible participants were then notified by telephone of their eligibility and sent two consent forms, a Participant Information Sheet, a copy of the questions to be discussed in the focus group, a letter providing details of the focus group itself, and instructions regarding the enclosed forms.

To reduce the bias of having only seniors from clubs and organizations, the researchers used contacts through the Advisory Committee, and held the focus groups in different parts of the Halifax area. In addition, the perspective of seniors who are not active participants was obtained by proxy in the Caregiver focus group. Indeed, the only important criterion for participants of the caregivers' focus group was that they provide direct support to an older person who would be too impaired, cognitively or physically, to participate in a focus group

<sup>35</sup> <http://www.cdha.nshealth.ca/programsandservices/chce/index.html>

Participants for the caregivers group were recruited by contacting the director of the Caregivers Nova Scotia Association and asking her to promote the WHO Age-Friendly Cities project through the Association, asking those interested in participating to contact a member of the research team. Members of the project advisory committee and staff at the Nova Scotia Centre on Aging also assisted by contacting potential participants and putting those interested in participating in contact with the research team.

Researchers played a more direct role in the process of accessing participants for the focus group on service providers. Service providers were recruited by directly contacting organizations in HRM from three sectors: professional staff in public municipal or regional services; businesspeople or merchants; and voluntary organizations. All potential participants (seniors caregivers and service providers) were sent a copy of two consent forms, a Participant Information Sheet, a copy of the questions to be discussed in the focus group, and a letter providing details of the focus group itself and instructions regarding the enclosed forms.

At the beginning of each focus group, facilitators explained the purpose of the focus group, reviewed guidelines for informed consent, provided an opportunity for participants to ask clarifications and, if not already submitted, collected participant's agreements and information sheets. After addressing participants' questions and/or concerns regarding the focus group, facilitators proceeded with the focus group.

Focus group participants were led through guided discussions on the eight topics as set out by the WHO protocol which included: outdoor spaces and buildings, transportation, housing, respect and social inclusion, social participation, communication and information, civic participation and employment, and community support and health services. The sessions were 2-3 hours long and held between mid December and early February at seniors' centres and other accessible places across Metro. The focus group sessions were tape-recorded using two recording devices and notes were also taken by the facilitators. The researchers used the transcriptions of the tapes and their own personal notes to analyze the data collected from the six focus groups.

### 1.3 Profile of Participants

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A total of 53 people volunteered to attend focus groups: 37 seniors, 10 service providers, and 6 caregivers. Of these, 25 seniors, 5 caregivers, and 8 service providers actually attended and completed all required consent and socio-demographic information on the Participant Information Sheet. It is from these participants that we have drawn our information.

#### Seniors

Participants ranged from 59<sup>36</sup> to 84: two were 59, nine were in their 60s, ten in their 70s, and three in their 80s (one did not specify age). The median age was 64. A total of 11 communities in HRM were represented in the four seniors' focus groups. In terms of diversity of representation, four participants were people of colour (three of these identified as immigrants and one was from the black community), one identified as gay, three identified as visually impaired, and two were wheelchair users.

The majority of participants were well educated: 16 had a post-secondary education, seven had secondary, one had elementary education and one did not specify. A majority, 20, was retired, and four worked part-time and one worked full-time. Ten of the 25 participants had had careers as professionals, including two RNs, three teachers, two engineers, one social worker, one accountant and one paramedic. All but five senior participants owned their own homes. A majority of seniors (21) considered their health "good", one considered her health "poor", one had "excellent" health and the others did not specify.

#### Caregivers

Six participants volunteered to participate in the study, and five actually participated: four females and two males. All participants except one were retired, and one was working full time. All but one participant were professionals, including two RNs, a minister, and an engineer. All had post-secondary education. Four participants were currently providing support to person who had physical disabilities as well as some level of cognitive impairment. One participant's spouse had died within past year. Four participants were caring, or had cared for, a spouse, and one was caring for parent. Of the older persons being cared for, two had dementia, four were physically disabled or had trouble moving, one was visually impaired, one was hearing impaired, and one had aphasia. The level of care in the situations was significant - the care recipient could not be left unattended for any period of time. All current caregivers were residents of Metro Halifax. Four owned their own homes and one rented, all lived with the person for whom they provided care, and four were themselves seniors.

<sup>36</sup> See the "Limitations" section of this report for a discussion on the inclusion of seniors below the required age of 60.

## **Service Providers**

Ten service providers volunteered to participate in a focus group, and 8 actually attended. The group was predominantly female, with only one male participant. Participants ranged from 26 to 55, with an average age of 48. Three participants were employed in the public sector, two from the commercial sector, two from the voluntary, and one identified as working in a “non-profit health charity”. A majority (5) of participants had been employed in their field of work for over 5 years, and the three remaining had worked in their field for 2-5 years. A majority (4) also claimed to have had “a lot” of experience with seniors, while three indicated they had a “moderate amount” of experience. Many of these service providers worked with at-risk seniors, so their comments need to be considered from within that context.

## 1.4 Findings

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### Older Persons

What is the city like for older persons?

Senior participants living within Metro initially expressed satisfaction with the city, with several stating that it was a “great” place to live. Attributes that were highlighted included its *“many cultures which tend to blend in one with the other”*, its variety of religious faiths, the variety of opportunities available to seniors through seniors’ clubs and organizations, the cultural life of the city with its theatres and the arts, its public library system, and its relaxed pace - *“a slower pace compared to say Montreal or Toronto.”* All in all, these participants concurred that Halifax was a great place to live and several related that they had either moved here to retire, or that they were originally from the area and had moved back to enjoy life in a relatively small city. The only ‘negative’ that emerged from these seniors initially was the transportation system.

Service providers also felt Halifax was a fairly positive place for seniors to live. They used descriptors such as “reasonably small”, “fairly safe”, and “culturally diverse”, and like the senior participants, commented on the variety of opportunities for social participation available to seniors, including those with lower incomes. Positive aspects of Halifax included its health care system with its concentration of health care specialists and services, especially those which addressed health issues specific to seniors. Nonetheless, service providers felt that the overall culture of Halifax was focused on youth and not on seniors, a result of the city’s inordinately high number of post-secondary institutions.

Neither caregivers of seniors nor rural seniors (Low SES 60-74) were as positive in their initial overview of Halifax Metro. Participants in both groups were quick to point out challenges related to parking in the city. Rural residents bemoaned the lack and size of parking spaces, and the distances they sometimes had to walk in order to reach a destination. They had several concerns, including the limitations of disability and personal safety at night. *“Parking up [around Dalhousie University] is nil almost,”* said one senior by way of example. *“We went to [an event] at the Dal student building and of course 90% was seniors and...they said leave your car at the park, at the shopping center and get a bus. Well, that’s not always convenient either. A couple that I knew parked down on the side street and one got, two of them got a ticket. One was over 100 dollars because it’s, you know, in a 20-minute parking area or something. I decided to park down at the Rehab and walk up there. Well you know, that’s quite a little distance. On Saturday, we...found a parking place on the street and when we came out it was raining cats and dogs...so you*

*just have to deal with it the best you can, and if you have a hip problem or a knee problem or whatever you just, you just can't go."*

Caregivers likewise voiced concern about the dearth of parking spaces, particularly in the handicapped parking zones. *"Dixon Center<sup>37</sup> right now,"* said one caregiver, *"has ten handicapped parking spaces outside its front door. Now those spaces in the morning are taken up by Kidney Dialysis. Their patients, they're there for four hours. Right now we need about twenty-five spaces there but we need them now. Tomorrow is no good. And a lot of the public buildings are like that."* Another caregiver spoke of driving around and around the Dixon Centre, trying to find a place to park and of being forced to choose between parking at a distance and maneuvering the seniors in their care to a destination, which for several of them was not an option, or dropping them off and finding a place to park. For this individual, who was caring for a senior with a cognitive impairment, this was a particularly harrowing prospect. *"I park in front and leave him with the walker there and I say, 'Stay there,' and hope to find him, and I have to park, maybe – and this is not exaggerating – three blocks around the corner, and I'm waiting, tongue out of my mouth, and he's gone! He went somewhere!"* Caregivers were also concerned about parking fees, particularly in light of the frequent and often protracted health appointments of the seniors for whom they provide care. *"You have to pay an inordinate amount, which you can't even deduct from taxes,"* said one caregiver. *"It's a pet peeve of mine. So I have parking bills which are in the hundreds of dollars because I have to get him to clinics, to therapy and all of this. I think it's a legitimate expense, but [the federal government] is certainly not senior friendly."* And one senior participant questioned why *"you have to pay for handicapped parking at hospitals but not on the streets,"* and *"pay twice as much for parking near hospitals."* The expense of parking added just one more burden to an already difficult situation.

The third concern mentioned by caregivers in the initial part of the discussion was sidewalk maintenance. Issues included uneven curb cuts and cement blocks heaved and damaged by frost, both of which made it difficult for seniors with mobility disabilities to walk without tripping. Challenges related to both sidewalks and parking were exacerbated by the icy, snowy, and windy conditions of winter in this city.

## Outdoor spaces and buildings

Seniors who live in the Halifax Metro Area, caregivers and service providers all agreed that one age-friendly advantage of Halifax's "outside spaces" was its **parks**. *"Halifax has some wonderful parks,"* said one participant, *"both small and large throughout the area, and with paths and benches and that type of thing. It's great for seniors that are able to make use of them."* Shubie Park, Point Pleasant Park, and the Public Gardens were all noted as being great places for seniors to walk when weather was fine, although participants expressed concern about the frequency of bus service to these locations.

Caregivers' concerns about parks were two-fold. One noted that the parks' gravel pathways made it almost impossible to push seniors in wheelchairs or for seniors using walkers. Another who cared for a spouse with both physical and cognitive disabilities, spoke of the need for more small, quiet, and contained green spaces in the "fringe" areas of the city where she and her spouse lived. She explained that while there were a few larger parks in her area, these were often filled with children running and playing, and teens zigzagging by on skateboards and rollerblades that made it difficult for her spouse to take a relaxing walk in safety.

The relatively **small size** of Halifax was also considered a positive, age-friendly aspect of Halifax. *"I find the size of Halifax, it makes it friendly,"* shared one appreciative caregiver, *"because my mother has lived on Spring Garden, in that area for 25 years and when she was going out she was known at all the stores, at the library, at the restaurants...and you get that very much here, as opposed to my own grandmother in Vancouver, who was going on three buses to visit my grandfather at the hospital [and didn't meet anyone she knew along the way]. It's a nice culture and everybody's super friendly."*

**Parking** and related issues dominated this study and as has already been noted, was a central point of criticism among seniors, caregivers and service providers. Participants in all groups listed a number of complaints, including the insufficient number of handicapped parking spots, parking fees, distances between parking and destinations, and the dangers of navigating busy parking lots as a senior, or a caregiver with a senior. While the QEII scored some points for its newly constructed tiered parking lot, the Dixon Building and the Victoria General Hospital in general drew much criticism and complaint (again, as already noted) particularly given it offers services that are heavily used by seniors, including blood testing, cancer care, x-rays and numerous specialists. And although no senior participants mentioned this specifically, service providers in the study indicated that automated parking and issuance of tickets was just one more challenge seniors did not need. *"They don't understand the technology,"* noted one service provider. *"It really overwhelms them. And they're already in crisis probably with somebody sick or they're sick themselves,*

so it's just another layer on top of what they can cope with." So for seniors in this study, parking lots were hardly "age-friendly" places.

**Parking lot design** was also raised in discussions around outdoor spaces. One caregiver explained the difficulties of maneuvering the person she cared for through a busy parking lot to get to a store. *"So there's walkways, but the cars are whipping along, and the sun is there and people can't see. And again you're running into the same thing; you're standing in a walkway with somebody who's, you know, impaired, but the cars are coming through. So when they designed that parking lot, and I noticed that it's true in most of these places like here, that even though there's handicapped parking, there's a roadway between that parking and the door where you're trying to go in."* She suggested that when designers are planning parking lots, they should include either a pedway or a piece or that should be walk-only for the safety of pedestrians.

**Sidewalk maintenance** was another major theme in discussions. Seniors in all groups as well as caregivers complained bitterly and eloquently about the challenges they faced in trying to maneuver their way, whether on foot or in wheelchair, along sidewalks, particularly in winter. *"Since the city has taken over plowing up our way, the sidewalks have become worse,"* complained one senior. Another agreed: *"I think the residents, now that the city has taken over plowing the sidewalks, they feel, oh, they're not responsible anymore; yet under the bylaw according to the city, they are still responsible to keep their sidewalk safe."* Of particular concern was the way snow ploughs dump snow in curb cuts. Said one concerned wheelchair user, *"I went out yesterday [and] every one of the cut-a-ways between here and Portland [were] filled with ice. I had to go in the middle of the road."* She noted that the following day, *"the water in the cut-a-ways was at least a foot high"*. Several expressed concern over the length of time it took for sidewalks to be cleared by the City and what they considered sporadic salting. *"Honest to God,"* one senior protested, *"when it was done by the residents, at least you could count on the sidewalks being cleared if you have about 3 cm of snow. Now...the city doesn't touch it until the thing gets 5 or 6 cm down so if you get 2 cm today and 2 on Saturday and 2 on Sunday, it just packs down and you have an ice covering."* The danger for these seniors cannot be over-emphasized. One visually impaired senior related, *"I fell once and knocked myself unconscious"* when he came upon an icy patch on a sidewalk. Service providers likewise highlighted the "unsafe" conditions that seniors must navigate in winter. *"A lot of people don't feel comfortable, especially in this weather, going out there [because] they're scared to slip and fall, depending on how the city is cleaning the streets. And bus stops are a terrible state...last night I got off into a bank of hard, crusty snow; I thought, oh my, if this were a senior they wouldn't have been able to get off."* While

participants conceded that the constant freezing and thawing characteristic of Nova Scotia winters made it challenging for the municipality to keep sidewalks clear of ice, they still felt the powers that be were “falling down on the job”. And it was clear in the many anecdotes related by participants that icy, snowy sidewalks adversely affected the ability and desire of many of them to go out in the winter. This, in turn, has implications for both physical and mental health. *I think... maybe as you get older, your world gets smaller,*” said one concerned provider, *“to the point where if you...haven’t got the ability to clear your walkway and that, you may actually be in your home for a long time.”* Her conclusions were echoed by a senior wheelchair user: *“Those of us in wheelchairs,”* she sighed, *“realize after a few years of being here that no, you don’t go out in the winter.”*

But sidewalks were not only a hazard in winter. One caregiver spoke of difficulties encountered by her disabled spouse in maneuvering his walker over uneven, frost-heaved, cracked concrete and uneven curb cuts, not to mention areas under construction, which are common in rapidly expanding suburban areas of the city. And a visually impaired participant related how rose hedges growing along some of HRM’s sidewalks in summer could be hazardous for him. *“Now, they’re beautiful if they were maintained, but the city just lets them grow wild. I’m walking in a line and if my wife doesn’t say, ‘Oh, you got a branch that’s going to hit you in the face’, I catch it in the face.”* While he appreciated the city’s goal to create a beautiful environment, he felt bushes and shrubs should be properly maintained “so that it’s safe traveling for people to walk along.”

**Crosswalks** were another hot topic common to all focus groups, producing its own set of horror stories, both from the perspective of the senior pedestrian and the senior driver. One theme that emerged here was the seeming disregard of drivers for crosswalk signals. *“One day last week,”* said a wheelchair user, *“I was in the middle of the crosswalk, I had pushed the button, was in the middle of the crosswalk, and five cars [sped by] so fast I couldn’t get any license number...and I’m stuck in the middle of the intersection...the light was on, I have a big [orange] flag, so they couldn’t say they couldn’t see me.”* Another concern related to the lack of uniformity of crosswalk design, as noted by one senior driver “from away”: *“I have never come across a city with so many pedestrian crosswalks and such a variety of control over those pedestrian crosswalks.”* *“Some of them,”* he said, *“there is a sign, some of them have flashing amber lights and a few of them have the traffic signals and they are green.”* And most senior pedestrians, he observed, seemed to assume that drivers see them and will stop to let them cross. For him, this was a particularly galling and anxiety-provoking situation. *“It is all right while you are young and have razor-sharp reflexes but as you get older it might not occur to you that hey, there is someone there on the right lane...who is either on a cell phone*

*or talking to his passenger, who hasn't seen the flashing light.*" Several seniors also spoke of the horrors of trying to drive on Barrington Street, a main artery in the downtown core, particularly at night in windy and rainy conditions when it is even more difficult to see pedestrians. *"I am 70 now,"* said one concerned senior driver, *"and I think my faculties are probably beginning to lose their edge, and I dread to think how to face Barrington Street in ten years time."*

Another issue related to crosswalks was the inadequate length of time provided by **crosswalk signals** for a pedestrian to cross a street. While one senior joked about this challenge (*"cross lights are made for Olympic runners"*), most spoke of the anxiety caused in trying to get across the street before the light changed. Said one caregiver, *"I have to bring my husband across with a walker, and I mean I walk with my arm raised because you never make it, especially if you're on a wide street which has the four lanes."* One senior couldn't disguise his frustration when speaking of the light at the Metro Center (the city's primary entertainment complex) on Brunswick Street: *"You start walking - you have to run to get to the other side!"* A visually impaired senior advised that he finally went to the City with his concerns. *"I've a little vision left so when I come to a corner, if the lines are painted I can usually pick up the white line against the black pavement, but you'll get many intersections in the city that they'll only paint two. If it's what we call a "plus intersection", which is across, they'll only paint an L - they won't paint all four cross walks. And nine times out of ten they will paint the two that are less used. Like I get off the bus at the parade square and I want to go to my bank across the street. If I want to walk in the white lines and be safe, I have to go past the entrance to the parade square, cross Barrington Street, then cross George Street."* For him there was a simple solution: paint all four edges of the intersection with lines and install more audio signals throughout the city.<sup>38</sup>

Anxiety around **personal safety** was another concern raised during discussions about outdoor spaces. Seniors from the two 60-74 age groups acknowledged fears of attacks when out during evenings. A few seniors from the same area shared their apprehensions about going out in the evening because one of the residents in their condo unit had been accosted by a teenager *"on the street in daylight, knocked over for no apparent reason."* Rural seniors spoke of the stress they experienced when having to park too far away from a destination during evening outings. Service providers, as well, were aware of seniors' fears around *"a person's safety and swarming, and there have been too many incidents of people being attacked."* Another felt this issue was specific to certain neighbourhoods and not pervasive throughout the city. *"Some neighborhoods seniors feel safe in and other neighborhoods they don't want to venture into. [It's] very specific."*

<sup>38</sup> This participant also spoke of the hazards created for him by benches and garbage bins that are located around the city. His solution: paint them contrasting, bright colours so visually-impaired individuals can easily locate them and avoid running into them, which he had done on numerous occasions.

Finally, the topographical nature of Halifax Metro’s “outdoor spaces” repeatedly surfaced as a significant challenge for all senior participants and caregivers in this study. As noted in the Community Profile, the city is built on a series of **hills** surrounding the harbour, a characteristic that extends into the suburbs and outlying areas. As one senior noted somewhat wryly, *“Anywhere you want to go, you have to go up.”* The pervasiveness of this feature and the difficulties it causes seniors became particularly obvious in the stories of seniors who use public transportation. Various participants spoke of being routinely dropped off at the foot of a hill that they have to climb in order to reach, a shopping centre, seniors’ club, tourist destination (e.g. Citadel Hill), or their own home. Stories about access to hospitals also included anecdotes about hills. One caregiver shared that on one visit he *“had to park way down by South Street and it’s quite a job getting up the hill.”* A participant in another focus group spoke of his continual encounters with a hill in getting to the Dixon Centre, which, he offered, *“has every possible ease for seniors, blind, handicapped, whatever, except handicapped parking.”* He shared that since he often has to park in the lower parking lot of the hospital, he has to *“get up that grade. And it is a heck of a grade to get up if you are disabled, blind. I use a cane and I cannot do it. It’s too steep a grade to get up there, and I have to go down there on a regular basis.”* And hills hinder more than health care; they also hinder seniors’ social participation, as is evident in the words of the participant who sighed, *“That’s the thing. We say, oh, we’d love to go out, we’d love to do this - I can’t do the hill.”*

Discussion about **buildings** inevitably led to observations about the age of Halifax Metro, particularly its downtown core, where some date back to the mid to latter part of the 1700s. Here, a number of buildings are not accessible. *“If you want to go to the downtown core”,* noted one senior, *“and you want to be the tourist, a lot of those old historical buildings are not quite as friendly for people with mobility issues or sighted disabilities. You know there are some narrow tunnels, some narrow walkways [and] they [the buildings] not all elevator-accessible.”* Most of the buildings in question feature heavy brick and/or stone walls and floors and can be difficult - and expensive - to modify with elevators or accessible washrooms. In some cases, it is impossible to make changes without damaging a building’s historical integrity. This is an issue that city planners and officials wrestle with on a continual basis.

In contrast, seniors noted that most of the **newer public buildings** in Metro were accessible, featuring such things as Brailled elevators, automatic doors, accessible washrooms, and wide doorways. “Success stories” included the Halifax Professional Centre on Spring Garden Road and the QEII. Un-age-friendly buildings included the Centennial Building and the Halifax Metro Centre. Drop-off at the Metro Centre for seniors was particularly difficult because it has only one accessible entrance on Brunswick Street, and that entrance is a designated bus stop.

**Shopping centres and business parks** also emerged in discussions on buildings. Topics ranged from store aisles and shelves, benches, washrooms, flooring, parking, transportation to and from, bus stops and terminals, and the size of buildings and parking lots. But the Bayers Lake Business Park emerged as an example of a decidedly “un-age-friendly” shopping venue, losing points on a number of the topics just mentioned. One was its general sprawling nature and size. One senior stated bluntly, *“If you don’t drive a car...you just don’t go.”* But the Park was no more age-friendly for those who could take the bus. *“I’ve been to Bayers Lake Park probably twice since it’s been open,”* shared one senior, *“and if you go out on the bus you still have to walk up these long hills or long distances across parking lots to get the stores. It was really a disaster.”* Another spoke of its oversized stores. *“It’s too big for seniors”,* complained one participant. *“I can walk quite easily but I do get tired walking around these damn stores. They’re huge.”* She added that the *“cement floors are the worst”* and that for seniors with disabilities, navigating the stores at the park must be difficult indeed. Moreover, according to participants, the situation was made worse by the lack of benches and places to rest. And the fact that seniors had to go outside in order to get from store to store was also a drawback. Seniors preferred malls that allowed them to shop, get a little exercise, and socialize, all while being sheltered from the weather.

Seniors in the “city” focus groups and caregivers felt there could be more **benches** in just about all malls and shopping centres so that seniors could stop and rest as needed. One caregiver also noted that the benches were too low, making it difficult for her husband to stand up: *“People [with] a disability, they find it difficult to get up. Like I have, most of the time, to lift [my husband] up with his help, and that is hard anyway. But benches, and even at the Halifax Shopping Centre, there’s chairs, you know, like living room chairs, they’re way too low. I find if you have someone with a disability from the point of getting up – the caregiver, and this is me, I have to – I don’t like to make a public spectacle out of that but there’s no other way. So if they could have some higher...”* Participants from all focus groups also noted with chagrin that washrooms were often too few and far between. That heaviness of washroom doors was also an issue, and not only for wheelchair users. Participants noted that for seniors with walkers, canes and crutches, these doors were “terribly heavy”.

A discussion about **store aisles** occurred in both a focus group with wheelchair users (Low SES and 75+) and the caregivers’ group. *“They will tell you in the malls, oh, we’re wheelchair accessible,”* stated a frustrated wheelchair user. *“No, I’m sorry they’re not. Yes, you can get into the store. It’s like, well, take Wal-Mart for example. You get in this nice wide aisle and they put all their racks of on-sale stuff down the middle of the aisle!”* A caregiver with a visually impaired spouse echoed her sentiments. *“They just don’t seem to understand that that makes it really hard.”*

This same caregiver also had concerns about the flooring used in new stores. *“I find a lot of the newer floors are really bad, particularly in the winter. It’s slippery when wet, and it’s fine to put a sign there...but I mean what are you going to do? You’ve got to go into the building, but the ceramic floors, I mean they look beautiful but they’re really slippery.”* She felt that “surely there must be some kind of surface that they can come up with that looks okay, that’s reasonable to keep clean.”

## Transportation

All seniors’, caregivers and providers’ groups had concerns around transportation. While many of the participants in this study drove, they nonetheless knew personally, or knew other seniors who had personal experience with public transportation.

A topic which drew a great deal of heated criticism, especially amongst caregivers and seniors in the Low Socio-economic Status (SES) 75+ group was the **removal of bus terminals** from the entrances of malls (e.g. Mic Mac, Penhorn and the West End Malls) to remote edges of parking lots beside busy traffic areas. A blind participant outlined the difficulties he faced in trying to find his way through busy parking lots full of cars, and across busy lanes in order to find the terminal. Several spoke of challenges posed to those with mobility problems and the frail elderly to make it from mall entrances to the terminals, especially when struggling with shopping bags or groceries. The issue of safety, particularly at night, was also raised by seniors, many of whom are all too aware of muggings and swarmings reported in the area’s media over the past few years. The level of frustration and vehemence from seniors on this issue is best summed up in the words of one of the caregivers who quipped hotly, *“Whoever did it [moved the terminals] must have been on drugs.”*

Seniors spoke quite positively of the **ALF (Accessible Low-Floor) buses** and their accessibility. Many felt the buses ran at convenient times and for the most part to the most necessary and more popular destinations (e.g. malls). Nonetheless, seniors in all focus groups complained of ALF bus driver insensitivity. The most irritating and common infraction was the failure to pull up to curbs *“It’s great that the city is putting these [buses] on different routes, and increasing all the time...but unfortunately, even in good weather conditions such as today, some of the drivers don’t bother to make the service useful to the people boarding and getting off buses, so that many times I have to say to the driver, “Could you pull in a little closer to the curb please”, cause otherwise you’re stepping out onto the street.”* Another participant concurred: *“Drivers...sit there and they will not lift a hand to help anybody and whether they are not allowed to do it or they don’t want to do it or what the problem is, but I’ve seen a couple instances of amputees in wheelchairs trying to get on the Metro Transit buses when they don’t pull into the curb and its*

*really a problem. I was on the bus, and we were 10 minutes [waiting] and then the fella all he did was complain about the time that he was losing on his route - there was this woman struggling to get on the bus."*

Seniors from the outlying areas had some similar concerns with even the regular buses, and spoke of difficulties involved in getting off buses when stepping down onto low shoulders that are common along the streets and roads of the more suburban and rural areas of the city where there are not as many sidewalks. They also spoke of the insufficient number of buses going to outer areas of the city, and that those that do go too infrequently (every 2-3 hours).

That changes in location of essential services can create a transportation challenge became evident in one of the focus groups. Seniors noted the disruption caused for many of them when medical clinic located near them moved to the Bayers Road Shopping Centre. Now seniors could no longer walk to the centre, and many no longer drove so they had to rely on buses. This was problematic because buses only went to the Halifax Shopping Centre. These seniors now either had to get a cab or walk to Bayers Road Shopping Centre from the Halifax Shopping Centre, and although petitioned by physicians about the matter, Metro Transit did not make any changes to their routes.

By far the greatest amount of ire in terms of public transportation was focused on **Access-a-bus**, a fully accessible fleet of buses operated by HRM. Researchers heard numerous complaints – in all groups – about unreliability and inconvenient schedules. Seniors complained about having to book so far ahead. *"We have just seniors in our group and I have to give them two weeks notice to order the Access-a-bus...do I know what I'm going to be doing in two weeks time?"* Unreliability was also an issue, as users cannot always be sure they will not be "bumped" if another user has a more crucial need.

Caregivers and service providers talked about cab service. For caregivers, the concerns mainly focused on design and size. *"I use the cab, shared one woman. "That's how I get my mom around, and a lot of the cabs are built too low...I'm having to, you know, haul her out, ungracefully, and the cab drivers don't usually help, so she won't go alone in a cab anymore."* Another caregiver shared her frustration: *"Or if they do send a cab...I need space to put a walker in, but they send a cab and you can't use it because I can't get his walker in there, and we can't go without the walker."* But there was yet a third issue with cabs. *"I work at Northwood, "shared a participant from this group, "and those there that did get out used cabs a lot. There were some cab drivers who would not respond to a call there."* He added, however, *"those who did I found very, very helpful. They would get out, they'd help people into the car, they'd put their wheelchair or their walker into the trunk, and off they'd go."*

Service providers spoke of a working group that was looking at transportation and coordination of assisted transportation in the city. *“There is a total lack of coordination and so that is being looked at. VON is involved in that we do, have an assisted transportation program, but there just seems to be more education needed on the part of taxi companies, you know, to provide that extra bit of help about, you know, getting people to curbs and [helping with groceries] and so forth.”* Another provider noted that one taxi company often sent a van to pick up her clients. *“But ah a lot of times the senior can’t get up into the van, so I’ll call and say, this is a senior - do not send the van please because they can’t get in.”* She explained the stress the vans cause for seniors: *“They say, oh my gosh, the van - how am I supposed to get into it? When you got this or that, or a cane and trying to get up in...I know myself getting in a van is hard enough [with] able bodies, let alone trying to get in with a bad leg or whatever...so I just tell them, just send a regular car not a van please.”* A caregiver’s comment is an apt concluding statement on this topic: *“Wish we could have age-friendly cabs.”*

Seniors outside Metro (and beyond bus routes) who have to go into the city for certain services such as physiotherapy spoke of the challenges this create for those who don’t drive. *“Transportation is one of the most difficult things out in the country because when you reach a certain age you either can’t drive...and your family is away working and unless you have a friend...you can’t call a taxi.”* Seniors who are still able to end up being “taxis” for senior neighbours who no longer drive. Several participants noted the need for shuttle services that would take seniors from a pre-arranged spot in outlying areas, and bring them to specific events or places.

The age-friendliness of Halifax for **senior drivers** was a topic once again in discussions around transportation. One service provider spoke of how expanding roads and streets created confusion and anxiety for many seniors. *“They are used to...the two lanes, small and narrow,”* she explained, *“and now were going into four lanes and...I mean you go out to Bayer’s Lake, that would just totally panic anybody up there, you know, even good drivers.”* And **street signage** was significant irritant to several senior drivers the Low SES 60-74, the Middle SES 75+, and the caregiver groups in this study. Complaints included lettering that was too small, and signs that were often too high and often obscured by, for example, branches. One senior noted that, *“When you’re looking for the street sign, you either pass it or you’re in an accident or something, so it’s a big problem.”* It was suggested that signs be larger and lit, as they are in some other cities. Arrows

indicating lane changes were also problematic. Citing slower reflexes and the impatience of younger drivers, seniors advised that arrow indications should be given earlier, allowing senior drivers plenty of time to negotiate change lanes.

## Housing

As noted in the Participant Profile section of the study, most senior participants in this project, including those represented by caregivers, owned their own homes – either condos or free standing. For the most part, seniors were very satisfied with their homes, both in terms of accessibility (where applicable) and aesthetics. A great deal of discussion in the Middle SES 60-74 and 75+ groups, as well as in the caregivers group, focused on condominiums. The consensus was that quality and accessibility of condos varied largely according to price. Several seniors in these groups noted that their condos had all the amenities, including an access ramps, elevators, gyms, underground heated parking and wide doorways suitable for wheelchairs. One senior woman listed the conveniences she enjoyed:

*“Condominiums are really a great way to go for seniors. You have no stairs, your lawn is done, the snow is done, you have a swimming pool.”*

Several seniors and caregivers, however, also noted the cost of such conveniences, especially rising **condo fees and taxes**, and the struggle to manage on fixed incomes. *“Every time I turn around I get very frustrated,”* declared one frustrated caregiver, *“cuz I got a 13 percent increase in my taxes, for my assessment.”* Another caregiver concurred. *“...one of the things that I looked at when we were moving into this condo is, you know, what are the taxes and thought okay, it’s a brand new building so whatever the taxes are, they’re not likely to change much, you know, and in three years we’ve had three increases and I’ve applied for the cap and all this and they say no, the area around here is developing and so now they’re developing their \$350,000 homes just down the road, and so even though our home hasn’t changed one whit, and it’s still only four years old, the taxes have done up three times already and I’m sure they’re gonna go up this year.”* One woman offered this word of advice to seniors thinking of moving from their homes into a condo: *“I’d research I think every condominium complex in the city of Halifax before I’d choose where I wanted to live and get their annual reports and their financial statements to see how their reserve funds are looked after and what type of people are on the board of directors. Those are really important things that you should be looking at.”*

This led to a discussion on the cost of **home modification**. Seniors, caregivers and service providers all spoke of struggles to retrofit their homes to suit their changing needs. *“How you get your parents in to your house and house changed enough to accommodate your parents?”* asked one concerned service provider. *“That’s a huge*

*thing that you know.*” And while several conceded there were “lots of products” available to retrofit homes, a central barrier for many was affordability. As one senior noted, *“There’s more and more products but a lot of people can’t afford those products.”* Department of Veterans’ Affairs (DVA) was cited as an excellent provider of care for its veterans in this regard; however, it was also noted that those benefits did not apply to spouses of the veteran, and that challenges are often created for a surviving spouse when services are withdrawn upon a veteran’s death. One participant related the following story: *“A neighbor of ours he was an amputee and [DVA] came and they put a streetlight at the bottom at his driveway and they put a chair lift in so he’d go up and down the stairs. His wife also used it because she had trouble going up and down stairs. And when he passed away they came and took the light away and they took away the chair lift...so she had to sell her home and she had to move because she couldn’t go up and down the stairs.”*

Several senior participants and four of the five caregivers were in the process of exploring **seniors’ housing options** either for themselves or for family members. In fact, some service providers also commented on their own personal struggles to find housing for ageing parents. One of their primary concerns was the shortage of seniors’ complexes. *“If you want to get your parents into a senior complex,”* said one senior, *“you got to book months ahead and the situation may have changed in the mean time.”*

A service provider also noted that, *“There’s not multi-housing when you want your parents to move in with you, either.”* A caregiver with an ailing spouse spoke of her desire to find a place where he could receive care, and she could live nearby and still continue to provide some of his care. *“I don’t understand why when they’re gonna build new nursing homes,”* she said, *“they don’t look at what I would call a community. The best one I’ve seen was a place in Campbellton, run by the, developed by the Lion’s Club. And it’s a building, like a high-rise building with seniors’ apartments that you rent...so that’s paying off the loan that presumably the Lion’s took. As you move down a few floors, they have some semi-assisted living...and right beside it, attached to it is a 110-bed nursing home so people move to that area and they can progress. On the upper floor is really independent living.”* However, as another caregiver in the group pointed out, the cost of such arrangements would be beyond the reach of many seniors. *“Those are over \$4000 a month, minimum - minimum!”* she exclaimed. *“Nova Scotia has a lot of middle and low income people. You could not – I couldn’t afford to go there. There’s no way.”*

**Wait times** were a concern to seniors in the Low and Middle SES 75+ group, to caregivers and to service providers. *“It doesn’t matter,”* said another participant, *“if you need complete care or if [you] just want a place where you can make your own*

*meals even. It's pretty hard to find anything in a reasonable amount of time." One senior spoke of her lengthy wait for an accessible seniors' apartment: "I waited five years. I was in my own home and I waited five years, and then they said they had a handicapped apartment for me. I got all packed, I put my place for sale, the whole bit. Then they called me and said, sorry, we have somebody with a greater need for this handicapped apartment so you can't come. So I waited two more years."*

Another participant in the same group noted that there was currently a five-year waiting list to get into her building. A caregiver shared his agonizing attempts to look into full-time care for his wife. *"I had to put my name in for my wife because at the time she couldn't, she was completely – she had to go on a waiting list for a home. So I'd gone and put my name in, and of course I got a phone call at home. Of course I was on the phone and I knew what it was about, but my wife was hearing everything I was saying, so I tell ya, it was – I had to cancel everything, and afterwards I called them back and said look, just [remove] my name there right now – I don't need it. So I start on the bottom and go through it again."*

Seniors were also concerned about being able to gain admittance to **housing near their home community**. *"When you ask for to go into a seniors' home you may not get where you want to go - you may end up in Musquodoboit."* It was also evident that some participants lacked even basic information on what housing choices were available to them. One senior in her early 70s admitted, *"I really don't know too much about this and I would like to know what my choice would be if I suddenly became ill or incapacitated in any way, and I wouldn't be able to look after myself."*

Service providers' comments around housing focused on five key areas: Availability, quality, location, affordability, and design of housing. A central critique was in the perceived lack of planning in terms of both design and location of seniors' housing. One participant likened many seniors' complexes to "warehousing". *"It looks like warehousing in Metro, the design."* Several participants felt that a significant number of facilities for seniors lacked important amenities such as a beauty parlour, drugstore, bank, or bus stops close by. Northwood was offered as a positive contrast, with its range of living options and amenities such as a bar and lounge, meal counter, drugstore, and community centre with its many programs. Another provider stressed the importance of designing seniors housing with the limitations of disability in mind. She said, *"For seniors, they don't want big. Five, six hundred square feet for most is wonderful. But I don't care who you are, over 75...you're starting to get into mobility issues, dizziness, reactions to medications you're on, heart issues, COPD, all those things... I think small is great."* A service provider from Emergency Services questioned the practice of housing seniors, particularly those with disabilities, in high rises. *"What happens," she asked, "when we have another Hurricane Juan [and] power is gone? You know a lot of these high-rises,*

*how do you get people out? You're not supposed to use an elevator, right?"* She noted that ideally, seniors should be able to *"look after themselves for 72 hours in the event of an emergency. So think about that - 72 hours. That's quite a long time. A senior being by themselves in an apartment. Like you know, no electricity, food, water, you know, those types of things. Unfortunately, we don't think about that until something happens and then it's like, oh my gosh, how do we deal this?"* This service provider's point was that seniors' housing needed to be designed with emergency safety measures in mind.

### **Respect and Social Inclusion**

Although they might say that the picture was not perfect, a majority of participants in the seniors' focus groups indicated a fairly high level of satisfaction with respect and social inclusion they experienced in their respective communities. However, their comments need to be considered in light of the participant sample – a fairly healthy, economically stable, well-educated and actively-engaged group of seniors, with access to either their own cars or at the least to the regular transit system.

When looking at the city first of all from the perspective of diversity, Metro seemed to be a "friendly" place. One of the immigrant participants in the Middle SES 75+ group spoke of feeling very respected both in his cultural community and within his geographical community. *"So at the culture level we have an Indo-Canadian association...and a seniors' group where we meet regularly in the seniors' group...and we carry out quite a few...activities...and they have great respect for me. But coming to the geographical community, the community I live in, they are very respectful and they are helpful too..."* Seniors in the Middle SES 60-74 group were also positive in their assessments. A gay senior likewise noted that he and his husband felt very comfortable in Halifax and felt much respected by businesses, by government, and by the general community. A member from the Black community also felt comfortable, not just in her community, but within the city as a whole.

Judging from their comments, a majority of the participants in all seniors' focus groups were very involved in volunteer work, and some were volunteers in a number of different capacities. In fact, some seniors and service providers felt that seniors made up a significant portion of the overall volunteer cadre in the city. *"I think we use seniors a lot in volunteer organizations,"* observed one provider. *"I think of my next door neighbor, 80 years old, lives in her own house, she volunteers for the VON soup kitchen. I mean she's an incredible person. There's lots of [senior] volunteers."* Another participant concurred, though in her experience it was "young seniors" who were most active in the community.

Senior volunteers, regardless of age or SES, seemed to be very satisfied with their level of **volunteer** engagement, and with the appreciation shown by their

communities. In each group, reference was made to various volunteer appreciation efforts and awards, particularly the Volunteer Week sponsored by HRM each year where volunteers who been nominated for an award are publicly and formally recognized by the City for their efforts. However, seniors in each group also suggested that many seniors would prefer not to be given public recognition. *"There is so much going on by volunteers,"* said one senior, *"that nobody even knows about...and that's the way they want it, right? But sometimes it's nice to hear "Thank you" and that's all that is needed."* There were other seniors, who felt it was important to be thanked for their volunteer work. Said one, *"Sometimes if you don't have that you burn out a lot quicker."* An underlying theme in these discussions was the link between volunteerism, and mental and physical health. The general attitude, whether explicit or implicit, was that there were plenty of opportunities for seniors to volunteer in Halifax, and that volunteering keeps senior healthy. *"It has been scientifically proven,"* observed one participant, *"that volunteering can help you stay healthy and live longer."* Another added that volunteering "keeps you busy" and helps alleviate stress.

The topic of respect and inclusion inevitably led to a discussion about **youth** in the "city" groups. For many of these senior participants, there is clearly an intergenerational gap, one that is indicative of changing times and changing values. Many felt that they were not respected by the youth in their communities. *"If you say one word to a teenager,"* said one senior, *"he's gonna come back, 'I don't have to listen to you.'"* Reference was made to *"the little punks who...walk around the street and see an older person and push them in the snow bank."* Yet another senior spoke of youth in her church who were disrespectful of seniors, and who were disruptive during church services. As stated previously, a number of senior participants were apprehensive about going out in the evening because a senior in their area had been knocked over by a teenager without any provocation. However, not all seniors had a jaded view of young people. One participant offered a completely different perspective: *"Younger people in the community seem to be, well some of them they want to help you cross the street...and we have a bunch of kids from [a school] come in here when we have our Christmas dinner or anything that's going on and they serve, and they are the nice young people."*

Seniors also discussed the respect and sense of inclusion they experienced from businesses. Attitudes toward **banks** were mixed. *"Some of them,"* said a senior, *"have chairs for seniors to sit in and with a number system. You take a number, they call you. They're very nice. Other have tellers strictly for seniors."* Other banks, apparently, *"don't give a darn. You just stand in line - when it's your turn, it's your turn...I wish that all business would think seniors."* Service providers spoke of banks with low counters for wheelchair users, and special services for seniors. A

drawback to these, however, was that the services were not offered on Saturdays, the only day that many seniors can get a family member to take them to the bank. And many participants clearly did not think bank machines were age-friendly. *“I think they’re trying to drive seniors out of the banks by using the bank machines,”* complained one participant. It was not only the automation that was at issue, but also the lack of personal support. *“They don’t talk back to you, you can’t say to them, I want another reason...there’s got to be a person there.”* Service providers employed in banks also voiced concerns. *“You cannot get seniors to use a bank machine and that’s all that’s being left to them.”* Another service provider related her fears that automated systems leave many seniors vulnerable: *“I have one gentleman that comes in and he wants to draw money from the ATM, and he said, ‘Can you help me?’ And he gave me his number and everything because he can’t handle it.”*

In terms of city **merchants**, seniors likewise offered a mixed response. On one hand, there were some very positive stories, such as the small grocery store that delivered groceries to seniors, as described by one of the store’s employees: *“We do deliveries, we charge...only for the gas, but the delivery itself we don’t charge ‘cause you ring up and say well whatever you want, we just go pick it up for you no charge for that.”* Yet this service provider also highlighted what she considered to be a general intolerance for the slowness of some seniors. *“People in the business area have to learn to have tolerance and take time for the senior, not rush them so much. I find they’re rushed a lot and they’re not young people. It takes a little longer for them to process the information you’re giving them.”* Line-ups in grocery stores could also be a hardship for some seniors, but one participant in the study had a solution for this problem. *“Why not have a special [cash register] maybe for seniors where they could go faster?”* A caregiver, on the other hand, related a very positive experience with staff at a food court in one of the city’s shopping centres. *“Well...Scotia Square was a favourite point, also, and [my mother] had friends who lived in the apartment blocks behind Scotia Square and you don’t even have to go outside to get there; you can have your lunch and go back. The staff at all the food courts – fabulous! Knew them by name...they’ll even come out and give them their food.”* In her estimation, the entire inner core of Halifax was very aware of its seniors and very “age-friendly”.

Participants who were members of seniors’ centres in Metro (and a majority were) spoke highly of these centres as veritable hives of activities for seniors of all ages and stages, places where they felt respected and included. One participant noted with satisfaction, *“Everything is very friendly here, very respectful of each other and we are reasonably priced, and they’re catering to the senior’s pocket book.”* This centre offered a plethora of programs suited to seniors of a variety of abilities and

capabilities, including cards, dances, Tai Chi and yoga. That particular centre had an estimated membership of 500. Members of another centre, with a membership of some 700 seniors, were equally enthusiastic about their organization.

## Social Participation

Seniors who participated in the Age-Friendly Cities project, regardless of their age group or SES, expressed satisfaction with the degree of opportunities for social participation available in their respective communities. However, it must be remembered that most of them were very able to be involved in their various activities and organizations, thanks at least in part to good health and fairly easy access in terms of transportation. For the socially isolated senior, not represented in this study, the story may not be the same. A service provider spoke to this issue: *“I think there are lots of opportunities if people are connected and have someone to go with, but I think we can hear from the lonely people and the marginalized through organizations to rebuild some networks or make some connections. But see people [who] are isolated...are really at risk because we learned that from Hurricane Juan<sup>39</sup> and White Juan<sup>40</sup> as well that really, that we need to promote things like the checking and buddy systems and those kinds of things.”*

Seniors, regardless of SES or age, and service providers were complementary when it came to the **public libraries** and their programs for seniors. One of the most popular and inclusive programs in winter allows seniors to order books – either on line, by phone, or through a volunteer who visits - and have them dropped off where it is convenient for them to retrieve them. A few seniors also seemed fairly pleased with live theatre in the city, but one smaller theatre was particularly noted for its inclusivity and sensitivity to seniors. A participant noted that the Dartmouth Players *“usually keep the seats up front for these people as well so that when you apply for your tickets they ask you if have any disabilities [or] special needs, so they are very good that way.”*

Churches are a very common part of the landscape in Halifax Metro Area (as one senior said, *“we’re completely surrounded by churches”*), and given the statistically higher church attendance rates amongst seniors, these organizations have the potential to significantly enhance seniors’ overall perceptions of social inclusion and respect, or conversely, to significantly diminish them. The consensus amongst seniors in all “city” groups and service providers was that **churches**<sup>41</sup> made positive contributions to seniors’ sense of respect and social inclusion in this city.

*“Churches...probably play a big role in providing some recreation or a sense of*

<sup>39</sup> Hurricane Juan made landfall on the coast in HRM on September 29, 2003. A Category 2 hurricane, it caused 8 fatalities and cost over \$200 million in damage. It was the worst storm to hit the city since 1893.

<sup>40</sup> Haligonians had barely recovered from Hurricane Juan when a few months later, in the dead of winter on February 18th and 19th, 2004, “White Juan”, a blizzard packing strong winds and blowing snow, paralyzed the city and caused a province-wide state of emergency.

<sup>41</sup> An overwhelming majority of HRM’s population claim adherence to the Christian faith.

*participation for seniors,*” observed one service provider. Indeed, in addition to Sunday services, seniors’ listed a wide variety of activities offered by churches. “A number of the churches have four to five card socials which...bring out a lot of seniors and it’s amazing how far they come to play 45s on Tuesday night,” stated one senior. “Yes, added another, “and potluck suppers, pancake breakfasts...” A third senior chimed in that at her church “they have it that you can bring your tea and everything right into church with you and drink it while the church service is going on.” Seniors in another focus group indicated that many churches in their community made significant efforts to offer senior-specific services, such as arranging drives to church, providing outreach programs to shut-ins including home visitation and the serving of communion, and weekly delivery of audio-taped messages from Sunday services.

Seniors in the Low and Middle SES 75+ groups noted that the **seniors’ centres** were a significant place for social participation for them. Centres offered many programs and frequently featured guest speakers from businesses, companies, organizations, health care organizations and other groups. This group also mentioned that YMCA offers special programming for seniors. One of the centres also ran a CAP program that educated seniors on the use of computers and the Internet (see more detail under Information and Communication). Seniors living in condos (Middle SES 60-74) also spoke of activities for seniors that took place in their common rooms.

One of the barriers to participation mentioned by city seniors in the Middle SES 60-74 was related to fears for personal safety at night. Service providers noted that public consultations are frequently held in the evening, which is when seniors prefer to stay home. Seniors also felt that another barrier to participation is that seniors don’t always know about the activities that are going on, even in their own communities. They felt that better advertisement was needed for many senior events.

One of the caregivers also talked about trying to take her husband to community events, such as Canada Day celebrations. “One of the things I find is that most social things like cultural and whatever are arranged for the evenings and it’s very difficult for to get you know, out there or whatever...so there’s things like Canada Day and those kind of celebrations, the majority of them are held in big public spaces where there’s no seating, it’s very difficult to park. So there’s a subtle exclusion.” But, she also talked of good experiences. “Now on the good side, I have to commend whoever organizes the veteran’s, the Remembrance Day at Sullivan’s Pond because they always make sure there’s seating there for the vets. And whoever does the Canada Day stuff down at Eastern Passage, two of the churches got together, they got a tent up, had a place where seniors could go and have a free cup of tea – I mean think you could give them a donation – but it was nice to just have that recognition that not everybody could stand and listen to the music.”

Cultural events such as symphonies were also a challenge, as there was often not enough spaces for wheelchairs. Movies were another issue in that they are often shown in evening, when it is not possible for many seniors with disabilities to attend. One caregiver expressed hope that the new movie theatre at Dartmouth Crossing would show more films during the daytime.

There was an overwhelming sense of isolation within the caregivers' group. Caregivers talked about the **lack of support** they experience in their struggles to meet the needs of both their family member and/or themselves. One critique concerned **adult day care programs**. One complaint was that day care programs designed to give respite for caregivers and social activities for those receiving care are too short (generally 9 a.m. -3 p.m.). Caregivers spoke of needing a full day to do errands and recuperate. Another concern was that programs are not diverse enough to meet a variety of cognitive abilities. One woman spoke of wanting to leave her husband in one program but that many of the participants there had dementia, whereas he did not. *"I mean, she said, "he was quite happy to go there, and he kind of enjoyed the meal and stuff, but it was just there was nothing for him to do. It wasn't anything, you know, it wasn't geared for somebody who was intellectually – couldn't communicate but was intellectually able."* She voiced the need for a range of programming. Another concern was that many adult day care programs often do not have a nurse on hand who can dispense medications. One caregiver expressed her frustration about this: *"So if there was something where there is a facility where they can go, you pay for that. I don't mind paying for that. But they are safe and they get their meds. I don't want a dud there who isn't allowed to give meds – that's another problem. And they're coming to the house, "I'm not allowed to give meds." Geez, what are you good for, you know?"* Another caregiver talked of wanting to take his wife away to travel and visit friends in Cape Breton and New Brunswick, but that he is unable to arrange home care in each of the places he wants to visit. *"We travel about a day's drive from Halifax, so we go to Cape Breton to visit our friends, or we go to the Island and visit our friends, we go to New Brunswick and visit our friends. I've asked – I can't get home care anywhere...I'm stuck."*

For the caregivers in this study who were providing care for spouses their spouses, the sense of isolation for them and their spouses was acute. It became obvious that demands of care giving severely limited their ability to socialize. *"I've belonged to the Lion's Club for 35 years,"* shared one participant, *"I just dropped that. I belonged to a political association. I had to drop that. I did a lot of canvassing house to house, I had to drop that. Things have changed, they change. I love golfing, had to drop that."* Another participant spoke of the exclusion she experienced from those with whom she and her husband had once been friends.

*“What I find interesting is that quite a few acquaintances are – and I don’t call them friends but we know them since a long time – they sort of, you know, we used to have parties, go here and there and invite you...you know, after a while, you don’t really notice – I noticed, but my husband said, oh no, it’s all in your head. But I’m not stupid. They don’t ask you to come because you know, when he eats it’s difficult; he may have to use a bib or more napkins and he may, by accident, drop something on the carpet or something, so you don’t get asked there. So there is a very subtle exclusion in certain circles.”* Another woman shared how her husband’s disability was disconcerting to her friends: *“He has had a stroke...and has frontal lobe dementia. It’s not severe but sufficiently so that the attention span is short, and if you have a discussion, all of a sudden he’ll say something which is totally unrelated which normally is not a big deal when you are among people. If you are talking about Africa you don’t suddenly talk about the North Pole – that’s what I’m trying to [say].”* A daughter spoke, as well, about how her mother’s dementia sometimes created consternation for friends and family and affected their ability to socialize. *“My mother has the beginnings of Alzheimer’s so yeah, she has a little bit of, uh, not aggression but like slight agitation.”*

But the overwhelming isolation experienced by these participants and their loved ones was never more apparent than when they spoke about family support. *“My daughter here in Halifax,”* explained one exhausted caregiver, *works...her husband’s in the medical profession...they work shift work, you know, they’ve got two kids and they’re involved in everything, skating and dancing and horse back riding and swimming. They just don’t have time – they really don’t.”* Another explained how her husband’s stroke had changed the dynamics of their relationship, and the implications of those changes for her grown children. *“They think, oh, Mom and Dad live together, and they do not see that essentially I do not live with a husband anymore – he’s there but not there – but they don’t understand.”* She outlined her social worker’s attempts and her own to engage her children in assisting with care giving. *‘When we were in the Rehab before [my husband] was planning to go home, the social worker there said, ‘I want a family meeting and I want everyone who is even remotely involved to be there.’”* She related that this was helpful as the social worker was able to explain to the children that their father was no longer the man he had once been and encouraged them to talk about this reality. *“It was hard for them,”* she continued. *“I mean they had this man they depended on for years of their life.”* In spite of the meeting, however, support from her family had been at best sporadic. *“There’s three of them live in the city and they’re good, but...three months ago I phoned one of them at 7:00 in the morning and said somebody’s gotta be here cuz I really need to [go out] and in an hour somebody was there. But their idea of giving me respite is to call at say 1:00 p.m.*

*on a Sunday afternoon and say, thought we'd take Dad out for an hour or so. Well, that's nice but it doesn't do anything for me because in an hour or so by the time he's gone and I've figured out what I can do, there's nothing I can do in an hour! But you talk to them about it and they say, oh yes."* She related that after a year had gone by she requested another meeting with her children, and again discussed the need for more support. *"And they said, oh yes, we should do more. They were really good for a month but they're parents, they're grandparents – I've got 13 great-grandkids – so I know you know they are being called upon there and they're all working, so you feel guilty."* And this situation was common to the other caregivers, as well.

The caregiver group in this study is illustrative of concerns expressed by service providers and several seniors that older persons who are not connected to organizations and clubs – particularly shut-ins – can be particularly isolated. Providers observed that fewer opportunities are designed and developed specifically for the frail elderly. The caregiver stories reveal a need for programming that is adapted to meet their unique situations.

## **Information and Communication**

Seniors have a variety of ways of accessing information in Metro, and the lists from the four focus groups were strikingly uniform. Radio and television were cited frequently, with common sources being CBC radio, 94.7 Seaside FM, the local Cable Channel 10 with its rolling announcements, Global TV's noontime information program, and the Northwood Broadcasting Club, a radio station run by and for seniors broadcasting daily throughout Nova Scotia and PEI. Popular print material included the "Programs for Seniors" produced by the Nova Scotia Seniors' Secretariat, which seniors found "very helpful". In terms of HRM, seniors mentioned both the municipality's *Visitors' Information Guide* which provides information on various activities happening throughout the year in each of HRM's communities, as well as the HRM Customer Service Line. A few seniors in the study also used the internet. One senior who was a frequent internet user ventured, *"I guess maybe it stems from the tourist background, but Halifax and the Province seem to have fairly well organized information sites."* Other sources of information included church bulletins, doctors' offices, public libraries, seniors' complexes, bulletin boards in the community, and the phone committees that are frequently employed by seniors' groups and clubs.

Service providers also considered the Seniors' Expo an excellent source of information for seniors. *"I've been attending the Expo for the last 3 years,"* said one service provider, *"and that's an incredible event for seniors to learn what's happening in the communities. I was shocked the first time I went in there, all the*

*different organizations that were there. And you know the shuttle, they can take a shuttle in and even in the display area they have it set up so nicely. They have little benches with the trees and so you can walk a couple booths, if you get tired you can sit. They have entertainment and food. It's really well done. And it's a good way to get the word out about services that a group has in the community that seniors can partake in.*" Whether or not or how well seniors themselves are informed about this event is unclear. The event was only mentioned by one senior participant during the discussions on information.

Both seniors and service providers were aware that *"some people can't read, some people don't write"* and that not all seniors were able to access, in particular, print information due to literacy issues. *"You almost have to have the same messages in multiple venues - you need it in print, you need it on the radio, you need it on T.V. and you need it on the web,"* said advised one service provider. Another provider noted the implications of literacy for seniors' health. *"Literacy is a big issue with some seniors, and literacy and health is a tremendous issue, and there's a lot beginning to happen with the practitioners that they, when they're talking to their patients, that they double check that the patient is understanding what's being told to them...this is a gap area that probably needs a lot more work."*

Isolation was felt to be another barrier to getting information. *"There are many good services,"* observed one senior, *"but socially isolated seniors in particular don't know about them."* The inference was that a lot of information is disseminated to seniors through their connections to organizations and clubs. It was also felt that newcomers to an area might not know where to look for information.

Two key challenges in particular emerged in discussions on access to information. One was the **internet**. On one hand, it was evident from both seniors themselves and service providers that many seniors know how, or are learning how to use the internet, thanks to programs such as those offered by public libraries. Many are finding it a helpful tool. One service provider noted that when her organization contacted those on their newsletter list - most of whom are seniors - to find out how they wanted to receive their newsletter, most wanted to receive it via email. She also added, *"I spend a lot of my time educating them on the internet on what's credible information and what's not."* One of the seniors' centres was running a provincially funded CAP program, a particularly vibrant one from all accounts, with a number of seniors taking upgrading or computer training through the program. This program was an "inclusivity success story" from a number of vantage points. First, it had a permanent trainer who worked with each senior one-on-one, but secondly, he visited seniors in their homes when necessary to give lessons or to trouble-shoot and fix computer-related problems.

And seniors themselves spoke of their positive experiences with the internet. *"You get way lots more from the internet,"* stated a senior caregiver. *"I got way more on Multiple Sclerosis than the doctor has, I'm sure. I don't understand all of it, but I read it."* A senior in another group also found the internet a useful resource for information: *"The information is frequently there, it's on the internet or on the website, our somewhere."* But he also noted, *"You have to be computer literate and internet savvy to be able to drill down and find the information about what is going on in Halifax. I'm fairly savvy about these things. I don't know how it would be if I wasn't."*

Seniors who weren't computer literate and "internet savvy" offered their perspective on computers and internet. For them, technology was clearly a barrier to getting information. One participant complained, *"There is a tremendous assumption in the bureaucracy that runs our lives that yeah, we are all able to go out and keyboard and get information...but if you're 80 years old and can't read a computer screen, what is this internet thing, you know?"* Another concurred, *"You really feel left out if you don't [have internet]."* For the seniors in the rural group who could not access internet, one of the consequences was that they were often not aware of events taking place in the city until it was too late to get tickets, or the event was actually over. Cost was also a barrier to information. At up to \$4,000 for a personal computer, clearly, not everyone could afford a computer. A visually impaired participant highlighted the added costs he incurred to purchase a screen reader and a scanner (\$3200). The bottom line is that many seniors are simply excluded from computer and internet access. One senior suggested it was the government's responsibility to ensure the inclusion of all citizens when it came to computers and internet.

In addition to the internet, another key source of irritation was **automated systems**. These were clearly not age-friendly. *"They keep telling ya to push this button, push that button,"* stated one frustrated senior. Another spoke of being put on hold, or told to "try again another day." *"They give you 9 choices,"* quipped one senior, *"and then you forget what was the first and the second one."* Service providers, too, commented on seniors' aversion to answering services. *"I hear a lot of frustrated people who just are so tired of getting answering machines, and when someone actually answers the phone, they say, 'You're a real person - can I ask you a question?' It's just that they're so surprised when somebody actually answers the phone."* Answering services were also a frustration for seniors, according to one service provider: *"They won't talk to machines...won't leave a message, they'll just hang up."* Another added, *"We really try to make it a point to answer the phone and to quickly return calls [because] people just don't feel that they are heard."*

Participants had a number of suggestions when it came to the dilemma of how to get important information out to all seniors. One participant, who was involved in his local fire department, suggested the 211 system. 211 is an information and referral service that connects people to a full range of non-emergency community, social, health and government services. 211 is a service that is free for users, confidential, bilingual, delivered 24/7 and is accessible by both telephone and Internet.<sup>42</sup> The service is in operation in a number of municipalities across Canada, including Toronto, Edmonton and Calgary. According to 211Canada.ca, this service was expected to be up and running in Halifax by end of 2006, however the provincial government has not agreed to fund it, though according to one participant, the preparatory work has been done.

Another suggestion for reaching all seniors with important information was to include a newsletter containing helpful information with yearly tax bill. It was also suggested that the Seniors' Secretariat publication *Programs for Seniors* be sent to every senior when they turn 65.

Some suggestions for improvement focused on issues with memory that seniors often experience. One participant gave this example: *"Another thing is the oil company... you have a furnace, you have insurance on that. Why they don't remind you, your bill is due? They don't. They won't remind you. What about the senior? You know, we are talking about people are getting older and forgetful and all that but they live in their home. How are they going to remember if their insurance is due?"* He cited banks as a positive example of the kind of notifications that help seniors: *"The banks know when you turn 65...they certainly alert you and they give you a number of discounts and that kind of thing."* Health cards were also a topic in this discussion of reminders. *"And nobody will tell you when your health card expires, until you go to the medical center and "I'm sorry that expired 2 months ago",* complained one frustrated senior. Again, it was felt that friendly reminders would help.

Seniors also had suggestions regarding information on **public pensions**. *"You have to apply for your Canada pension plan,"* one senior pointed out. *"Nobody will tell you hey, you're 65, it's time to apply for Canada pension."* The consensus was that reminders to apply for their pension should be sent to seniors automatically.

A third general category of comments had to do with size of print. Pill bottles were one sore point. *"Technically, you know,"* shared one senior, *"I wear glasses and I'm still fine to drive and everything like that. But I have the worst time trying to read, even just over the counter stuff, that tiny print...I mean the labels are so minute on these little bottles and they cram in so many letters."* Others expressed frustration about government publications. One senior related the following, *"HRM last year sent out calendars, and on the numbers...it was like blue, a lighter blue and it got*

<sup>42</sup> <http://www.unitedwayottawa.ca/downloads/211/211%20Communiq%C3%A9%20Nov%202005ENG.pdf>

grey, and the numbers were little. Well, I couldn't see those numbers and I said to someone, 'Do they realize that seniors can't see those numbers on the calendars?' For one thing...the numbers are not big enough and the other, the background is colored so it makes it a grayish looking, so it's confusing, you know, you're not sure." A service provider likewise complained about the size of print on bus schedules, stating "you wonder how easy it is for them to read that schedule." And **telephone books** were also a source of frustration, and not just because "the print is so small". Listings of government services were a baffling maze for seniors because they were "not sure what heading to look under".

Seniors in one focus group and participants in the service providers' group both raised the issue of seniors' vulnerability to fraud. A service provider expressed concerns about organizations that prey "on seniors...and they don't know any different - they just know that they need these things." She felt seniors should be educated on this issue. One senior participant agreed. "I don't think there is sufficient emphasis put on information which the elderly really do need about issues which can be a real threat to them - I mean specifically identity theft, for example. There's a lot of information about identify theft out there to which elderly people become increasingly vulnerable as they age....that needs to be somehow brought to the attention with increasing frequency." He suggested warnings should be included with bank statements. "If it could be in with your bank statement to say that, hey, you're getting old, we are awfully sorry, but you are entering a group of enhanced vulnerability to getting your roof repaired at a rip-off rate, or you know, having people enter your house on a pretext and do a scan on it to see what you own. These types of issues need to be brought to your attention more regularly."

Regardless of the topic raised in the discussion around information and communication – whether it be the forgetfulness of seniors, the potential for fraud and scams, the overwhelming mysteries of the internet, the frustration of automated systems, or the microscopic print on pill bottles and important documents – the anxiety, stress and confusion that barriers to information can cause seniors was painfully clear. As one senior stated quietly but poignantly, "It becomes worst as you get older. I think as your faculties begin to fade, this kind of thing appears to cause more in terms of stress." Clearly their latter years are when seniors most need information that is clear, plainly presented, and easily accessed, regardless of ability.

### **Civic Participation and Employment**

A strong volunteer ethic and involvement was evident in all senior groups, and a majority of seniors spoke positively of both their experiences and of the importance of voluntarism, as exemplified in the following comment. "I think you want to volunteer," said one senior, 'to make the world a better place for people to be in

*and because there's not enough paid people out there to look after everything, and without volunteers, I'm sorry Nova Scotia and Canada would be no where.*" All but one participant felt that volunteers received ample appreciation and public recognition for efforts, citing events from the local all the way to the provincial level. However, some seniors noted that increasing paperwork, and costs associated with insurance were decreasing the number of volunteer opportunities available.

Service providers spoke of the rising trend among seniors to return to work after retirement. One observed that she noticed that some senior volunteers were *"spending so much time working as volunteers that they decided to take paid positions as seniors."* Another concurred. *"A lot of people retire for 3 months and they, you can go back to paid work."* This was certainly the case for at least one of the senior participants. He was volunteering but *"it wasn't enough to keep him busy"*, so he began working at Walmart as a greeter at the door. Soon he was moved to the camera department, and later on to the hardware department. He was happy to be working part-time at something he enjoyed, while still drawing his pension.

Another interesting discussion around employment occurred within the service providers' group. Here, the focus was on the older worker, pre-retirement. Providers highlighted the impending labour shortage that will be caused when large numbers of baby boomers (several participants were among this group) begin to retire over the next ten or more years. One concern was around workload. *"There is no accommodation made, you know,"* said one provider, *"and there's a lot of folks a lot older than me still coming in and punching in everyday, so to speak, but I think what is changing is that there's slowly becoming a recognition that there's going to have to be a change."* He went on to address the issue of workload, suggesting that perhaps the senior worker over 60 would be a case load *"55 clients versus 85"* for a younger worker, or that older workers would assume cases that required more wisdom and experience. Another provider suggested the need for *"workplace wellness"* programs designed to help older workers handle stress and the realities of diminishing capabilities. The issue of gender also came into these discussions. *"Okay,"* said one woman, *"women and caregivers and aging parents, they're going to need, if they do stay in the workforce, they're going to need special leaves in order to take time off because there is going to be crises. The other thing is, in some of the agreements now the way they stand is that you can't take sick leave after sixty, so in our workplace we've seen people having to come back who are dying and not able to take time off. Can't get long term disability or can't get short term - I'm not exactly sure what it is - but after 60 you're cut off."* So clearly, these providers felt some *"age-friendly"* changes would have to be made to the workplace if employers were planning on holding on to older workers.

Participation of seniors in municipal projects was not very high, although one immigrant participant spoke of being involved on the Race Relations Committee and of enjoying this work. Several seniors did, however, speak of working during elections, of finding it this work *“very fulfilling”*, and of feeling included and respected. *“Most political parties will welcome anyone, it doesn’t matter how old you are or young you are.”* They also spoke of “little parties” held by politicians to thank workers, which was *“something that you can look forward to.”* In one community, the councillor’s office was located in the community centre, which seniors from that centre agreed was *“a good place for it”*, adding that the councilor himself was *“very community-minded.”* They also noted that before an election the councilor would *“come in, explain to the seniors why we need your vote, why it is important for you to get out and vote, ‘cause a lot of them don’t think it’s important anymore, [that] they’re just being overlooked so it doesn’t matter.”* The councilor, however, encouraged the seniors to vote, saying, *“No, we want to do more for you but we need your votes in order to...help you.”*

One of the caregivers related her struggles to find a way so that her cognitively-impaired husband, a veteran, could vote. *“[My husband] had always voted,”* she shared, *“that was a mantra with him. You know, that was a privilege I fought for, I’m gonna vote. And he understood that there was an election, and he knew exactly who he wanted to vote for. Well, the performance! Well, I mean...he voted, but the performance...”* She went on to describe how she had to make several phone calls to find out how her husband could cast his vote, given he could only recognize the faces of the politicians and not names on a ballot. Eventually the elections office was able to make arrangements for her husband to he cast his vote by signifying a picture rather than by marking an “x” by a name. In relating this story the caregiver was quick to point out that staff had been “good” in trying to offer help. However, she noted that “you have to be really persistent and you have to have time, and often if you’re caring for someone you don’t have the time.”

## **Health and Social Services**

As already noted, service providers in this study felt Halifax had a lot to offer seniors when it came to health care. *“We are a medical community, said one provider, “so we do have lots of health care professionals and specialists here, and organizations, like different societies that put on information sessions on education so people can go to the doctor and ask the right question. So compared to a rural community I think in a lot of ways we do a lot of services.”*

**Continuing care** (includes long-term care and home care) services were the focus of much discussion amongst caregivers, seniors and service providers. Opinions about their effectiveness varied. A wheelchair user in her 80s from another focus group

expressed satisfaction with her home care: *"I have a good bunch of girls, women who come in to do me, and then of course I get my dinner here every Monday through Friday downstairs. And the whole set up is excellent. "A service provider whose mother had had home care was likewise pleased, particularly with the VON. "I think the VON is wonderful, right, that it comes in and that we have that type of service."* Her only critique was the lack of continuity in personnel who visit a senior. *"The VON was different everyday so the story [of her mother's health care needs] had to be told over and over and over again. So that's a bit of a concern if you got a senior that can't communicate, or forgets, oh yeah, I forgot to tell you that part of it, you know?"* But her overall assessment of home care was *"fabulous"*.

One of the caregivers whose wife received daily home care was similarly effusive when he spoke of VON. *"VON are on a pedestal as far as I'm concerned,"* expressed one appreciative caregiver. He was particularly pleased that VON called to advise him regarding their estimated time of arrival, which made scheduling around the care of his wife much easier. He was not as laudatory when it came to home care workers. He was annoyed that they would not call and let him know when they would be arriving. This hindered his ability to plan his day because home care workers could arrive at any time and he had to be there to let them in. Nonetheless, he had no complaints about the actual care they provided.

Several seniors and service providers, however, did complain about the **wait times** involved in arranging to have home care. Service providers expressed concerns that seniors are often released from hospitals and sent home too quickly before adequate care is in place, putting seniors and families in stressful situations. Participants in the seniors groups echoed the same concerns. *"There are services available,"* observed one senior, *"but again the problem is the waiting list. Sometime you have wait a month, too, for someone to come give you a bath or something like that. Once you get on the list and get active with the group you seem to do all right but the problem is sometimes the waiting period."*

**Affordability** of good care was another major theme in the discussions on home care.

*"Well I think it's there if you have the money,"* observed one service provider. *"If you have the money it's not an object. It's when you don't have the money, that's when the problems come. It's not as accessible...if you pay for it you get it."* Another noted that her mother had every service she needed, because she could afford it – *"her yard work done, somebody comes in to clean, you know, Life line – so if you pay for all those you get all those services. But what about the person who can't afford that, whose heating oil is going up and there's not enough for food?"* As already stated previously, DVA, which funds a variety of services for

veterans, including home care, house cleaning, snow removal, and lawn maintenance were universally lauded in focus groups as being very helpful in terms of assisting with the cost of services. However, participants also noted that pointed out, DVA benefits do not extend to a veteran's spouse. Pharmacare was also a topic of discussion when it came to affordability. As one senior noted, *"If you're over 65 you're not going to get your glasses or teeth cause that's not covered under Pharmacare, so it's a big issue around glasses, teeth and hearing aids."*

In terms of services in the community, several resources seem to help make health care in Metro "age-friendly". One particular element that a caregiver felt was missing, both within the health care community and in the general public was "education in social graces". To further explain, he told a poignant story of his wife's battle with cancer. *"People reacted in two ways. They either shunned her, they were so afraid when they knew this person had cancer, or they would tell her horror stories of friends who had died. She didn't want to hear that! Now the result of that was a very, very unhappy situation for me, because two years later she was re-diagnosed with cancer throughout her whole abdomen, and bowel and so on, and when that happened, she sat me in a corner and she said, 'Now nobody knows – you're not telling a soul about this.' And I said, 'Well, I'll have to tell the family.' 'No, we're not even telling our children.' So she swore me in confidence not to tell a single soul. That's very difficult. I needed somebody to talk to, but that went on for two years, and finally I broke her confidence and told my family when I saw things were getting really bad. But bless her heart, she put up a façade, and not a soul...knew that she was doing this, going through this. And we went to the Dixon Building, through radiation and two series of chemo, and we were lucky we didn't meet anybody we knew there. And so I would be sitting there with 30-40 people, all grieving about their situation and having to look around...it was horrific. Anyway, it wasn't till 3 months before she died people realized how sick she was and they couldn't believe it. So she put up such a great façade."* For this caregiver, the sense of social exclusion he and his wife experienced made her battle with cancer unnecessarily more difficult.

Hospitals were discussed in terms of the more relaxed visiting hours that have been adopted over recent years. *I think the hospitals have come a long way,"* said one provider. *"I mean they used to have strict visiting hours and now that's all gone. You can give as much support. You can stay over night - that's a phenomenal support to people...especially if they have like Alzheimer's. They're very confused and when they go into a foreign place like that and they're not well, so all that opportunity to have family around is fantastic."*

Providers were also enthusiastic about Sunday clinics, Family Focus Clinics (which often have other professionals on site such as occupational therapy, physical

therapy, and mental health staff) and nurse practitioner programs as they felt these resources were taking stress off hospitals. The only negative comment regarding clinics (and drugstores as well) came from a senior participant. *“One thing I notice, she said, “that possibly would be an improvement [is that] some doctors’ offices, so drugstores and that, they don’t have any wheel chairs available and so the senior gets driven to the store or doctors office or whatever but then sometimes they have problem getting from the car to the office. And I know sometimes places do have wheelchairs available but some still do not.”*

Another “age-friendly” aspect of Halifax pertained to the more suburban or “satellite” areas of the city. Seniors participants from one such area considered *“local health centres a plus as seniors don’t have to drive into the city for care for certain needs. At least it is more accessible for those who are out here especially if they don’t like the city driving, they can get there, there is quite a bit of parking there. Not a lot of traffic that they have to watch out for. Yeah you might have to wait but I mean like you say everywhere you have to wait, but I mean every where you have to wait.”* These community health centres typically provide many services that are particularly pertinent to the health care needs of seniors, including (and not limited to) diabetes management, cardiology services, physiotherapy, and occupational therapy and help to take the pressure off the hospitals in the inner core of the city. Seniors centres were also often resources for auxiliary services such as foot care clinics and Meals on Wheels.

Rural seniors in this project raised one central barrier with regard to accessing health care – transportation: *“Transportation is one of the most difficult things out in the country,”* explained one rural senior, *“because when you reach a certain age you either can’t drive...and your family is away working and unless you have a friend...you can’t call a taxi.”* To illustrate how problematic this issue is, the story was told of a senior who had fallen and broken her hip, and now needed physiotherapy. She was unable to receive treatment at home, but had to find a way in town for each of her appointments. She relied on friends and neighbours. But in rural areas drivers – and available ones are often retired seniors – are scarce. As participants noted, many seniors have a car in the yard, but no longer drive. For example, rural seniors noted that Meals on Wheels was not offered in their community because they could not find enough drivers. Wintry roads, of course, compound the situation. But one of them had a solution: *“A shuttle service for those who are, who can’t get around, would be excellent.”*

As was noted in the section on Information and Communication, one of the concerns in terms of health care is getting information to seniors in a timely and effective manner. This concern was raised by service providers, seniors and caregivers. One caregiver expressed frustration over not knowing what he needed

for his wife, and not knowing where to look. The limited period of time caregivers have to carry out such research has also been noted. Service providers noted that sometimes seniors hesitate to ask for information on services available, because *“if you accept some help you’ll maintain your independence, if you don’t you’re on your way to a facility...”*

## 1.5 Limitations of the Study

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The first limitation relates to the relatively **low number of participants** in three of six of our groups. Several factors contributed to low numbers of participants.

The first is **weather**. The threat of inclement weather and the possibility of difficult driving conditions reduced the number of participants in two of the seniors' focus groups. Indeed, several of the heads of the seniors' organizations involved in this study commented that their (and our) efforts might be hampered by winter weather and seniors' heightened anxiety regarding travel during the season.<sup>43</sup> In addition, since recruitment for focus groups only began in earnest a few weeks prior to Christmas, they also advised that it might be difficult to "get seniors' attention" so close to the holiday season. Thus, the low numbers of seniors represented in this study make it difficult to generalize to the general population of seniors.

The **caregivers' group** was also poorly attended – only five caregivers were able to participate. The low numbers in this group was attributable not to weather but to three other challenges: a) the consuming demands involved in providing care b) the unpredictability and in some cases unreliability of visits by government-funded support services such as home care c) the diverse schedules of interested caregivers which made it very difficult to find a three-hour time slot that would work for more than two or three at once. One participant also failed to make the meeting due to a misunderstanding as to where the meeting would be held. Thus, the small sample makes it difficult to generalize the findings from this group to caregivers in general.

Another limitation to the study relates to the **recruiting process**. On a few occasions, seniors showed up at focus groups without having passed through the screening process (this explains why two of the participants were just under 60 years of age). To exclude these seniors would have had a negative effect not only on them, but given that most of the participants knew each other, the exclusion of these seniors would have negatively affected the other members of the focus group. The facilitators, therefore, proceeded as usual to explain the research project and the importance and implications of informed consent. Participants were then given opportunity to ask questions and to withdraw from the study. Once consent was obtained and Participant Information Sheets were completed, the focus group proceeded as planned. However, the mixture of ages in this group prevents a "clean" comparison across the focus groups and is therefore a limitation of this study.

Another issue related to recruitment which affects the outcome of this study concerns the **difficulties** encountered by the research team and the heads of two

<sup>43</sup> As noted in the "Climate" section of this report, weather in HRM can be unpredictable, especially in winter, and seniors can be hesitant to drive when even moderately poor weather conditions threaten.

seniors' groups **in recruiting the 75+ demographic**. In two areas where groups were held, the heads of seniors' organizations were only able to recruit three seniors 75 and up. One of these organizational heads suggested to researchers that it might be difficult to pull together a group with this demographic because of the low number of seniors over 75 involved in his organization. He advised that challenges relating to ill health and transportation were the main reason for low attendance amongst this age group. He also suggested that while he would promote the project to seniors over 75, this demographic, in his experience, were less likely than their younger counterparts to see either the importance of such a study or its pertinence for them in their daily lives. The Research Coordinator, who did a presentation on the project at this organization during a lunch hour, noticed few frail elderly among the group, and that those who were there showed relatively little interest. Ultimately, seniors who subsequently volunteered for the group ranged from 68 – 80 years of age, with most falling between 68-71. Again, this creates a limitation in terms of comparing across focus groups.

Another limitation of the study is related to the **participant sample**. As one senior observed, *"The sad part is that probably all of us here are doing quite well because we are obviously, between us, we have quite inquiring minds and you know, and are willing to look for information even if it's hard to get, but we'll still pursue it. But there are a whole wack of people who don't because of their age and background, maybe, that they're not into this kind of inquiring state of mind and thinking, [or even know] that they are entitled to more than they are getting right now."* He added, *"I'm not sure if we're statistically representative...in some ways, of an aging population."* This senior was correct, not only in terms of his group, but regarding the other seniors' groups as well (although he would not know this). The seniors in this study, by and large, were reasonably healthy, socially active, financially stable, well-educated and articulate seniors. Thus, none of the groups included the voice of the isolated senior who for health or reasons of self-esteem rarely participated in her community, nor were voices present from seniors living in poverty, or those with significant literacy issues. This is a significant limitation of this study, as it is with and many other similar studies with seniors.

## 1.6 Summary of Findings

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Halifax has a number of age-friendly characteristics, particularly for healthy and reasonably active seniors. The city is relatively small, making it fairly easy to get to know people. It offers a wide variety of opportunities for social participation through its many seniors' centres and its vibrant arts and cultural community. Metro also has a good system of parks, pathways and recreation facilities which offer seniors places to exercise and socialize. The city's health care system and facilities with its concentration of specialists serving the needs of seniors, also makes the city a good place in which to age.

Yet, the city has a number of features that are not age-friendly and which create significant hindrances for seniors. Just getting out and about can be a challenge. Senior drivers face an ongoing struggle to find parking places, particularly next to health care facilities; handicapped parking is in high demand and there are rarely enough spaces. Dangerous crosswalks are another outdoor concern, as signals do not provide enough time for slow-moving seniors to cross. Icy and snow-covered sidewalks, along with uncleared bus stops severely limit the ability of seniors to safely walk the city's streets in winter, and the city's hilly topography makes walking a challenge at the best of times. The lack of adequate accessible transportation and the insensitivity of bus and cab drivers can also hinder seniors from going out. Halifax is also not age-friendly when it comes to housing options for seniors. Rising housing costs and taxes place a burden on seniors, particularly those who are on fixed incomes, and the lack of adequate seniors' housing at all levels is a major concern. All of these challenges in various ways act as barriers to active ageing in Halifax.

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