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Elders who are living independently in the community (*independent* elders refers to all seniors who are living in the community as opposed to in an institution) often require support services, housing and transportation services. Unfortunately, research on North American elders repeatedly points to deficiencies in the health and human services that are available in small towns when compared to those available in urban centres. A lack of specialized medical and social services, few housing options and no public transportation services are characteristic of most small towns. For this thesis, seniors, municipal officials and formal care-givers in sixteen small towns in British Columbia were surveyed in order to determine the needs of small town elders in this province and the effectiveness of the present system in addressing these needs.

The results of the seniors' survey indicated that significant proportions of the elderly living in small B.C. towns require assistance in maintaining their homes and with transportation. While the elders who reported difficulties coping with housework tended to be receiving assistance, not all those who had difficulty with yardwork, repairs and transportation were being helped. The interdependence between the support service, housing and transportation related needs of the elderly was apparent from the survey results.

An inventory of the community-based services available in the sixteen B.C towns revealed that size of town is related to the number of services. In general, the larger the town, the greater the array of services for the elderly. However, size
of town was not the only determining factor. Towns in which the local community had become involved in the issue of community-based services for the elderly typically had services that were not available in towns of comparable size.

Under the Canadian Constitution, the provincial government is primarily responsible for the provision of health and social services. However, there are constraints or obstacles inherent to small towns which prevent services from being provided by the province. These include the fact that in a small town there is generally a shortage of personnel and organizational resources which enable a community to secure needed services from senior levels of government. As well, the distances among people and between people and services in rural environments, as compared to in urban environments, require special consideration.

The results of this examination of the small town elderly in B.C. and the community-based services available to them suggest that there is a need for improvement to the present system. Enhancing the involvement of the local community in the provision of community-based services for the elderly is suggested as a possible strategy. As well, services which are at an appropriate scale and accessible to the rural elderly need to be developed.
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CHAPTER 1. COMMUNITY-BASED SERVICES FOR THE ELDERLY IN BRITISH COLUMBIA'S SMALL TOWNS

Over ninety percent of Canadian senior citizens live independently in communities across the country (Institute for Health Care Facilities of the Future, 1988). That is, they live in their own dwellings. For many of these seniors, the presence of community-based health and social services enables them to remain there. Services such as Meals-on-Wheels, home nursing care, transportation, subsidized senior apartments, housekeeping or handyman services can mean the difference between an elderly person living in the community or having to move into an institution (Rose and MacDonald, 1984).

Canada's rate of institutionalization is relatively high. Approximately eight percent of older Canadians live in institutions such as homes for the aged, chronic care hospitals, or nursing homes. This is a higher rate than either Great Britain, the Scandanavian countries, the Netherlands or the United States (Rose and MacDonald, 1984). Canada's dearth of support services, as compared to other countries, is frequently mentioned as a factor contributing to the excessive institutionalization of elderly people in this country (Gutman, 1980).

Given the high costs of institutionalization and the concern with providing humane support for the elderly, attention is increasingly being focused on the provision of community-based care (Institute for Health Care Facilities of the Future, 1988). The focus of community-based care is to enhance the capacity of older adults to function independently and remain in the community. To achieve
this, improved access to a wide range of resources is necessary. This approach fits a widely accepted ideal that every community in Canada should be able to provide a *continuum of care* for its elderly. *Continuum of care* refers to the "range of institutional and non-institutional services and resources which provide comprehensive options to meet persons' needs for care" (International Glossary of Social Gerontology). In theory, a community with a continuum of care can provide as few or as many services as its seniors would require to maintain a high quality of life. Institutionalization is considered the final option, only after community-based options have been exhausted.

While cities in Canada have, over the past two decades, developed a range of services and facilities for their elderly, small towns or rural areas (in which one-third of Canada's senior citizens live) are much less well served. In general, the smaller the community, the fewer the number available. In a small town, then, not only may the support services, housing or transportation services that an elderly person needs to remain independent not be available, but the other alternative, institutional care, may also not be provided. For small town elders living in a community that doesn't have the services/facilities they require there is the possibility that not only will they be institutionalized, but as well they will be forced to leave their community to obtain the care they require.

According to the terms of the Canadian constitution, the provincial government is responsible for the provision of health and social services. Under the present system, then, the continuum of care for the elderly is planned at the provincial level. The local community has no formal role in the process although many
services are delivered locally. This absence of a planning process at the community level often means that there is a lack of co-ordination of services for the elderly at the community level and as a result there may be gaps in services. As well, the services which do exist may not respond to the real needs or priorities within the community (The Vancouver Sun, 1988).

Some communities, both urban and rural, have taken the initiative and become involved in the provision of services for the elderly. This involvement can entail various activities from lobbying the provincial government for services to co-ordinating public and private resources within the community (Kernaghan and Kuper, 1983). The degree of involvement of the local community is usually reflected both in the quantity and quality of services available in that community. In a small town, such local involvement has a significant impact since it can mean that a community secures services for their elderly which they otherwise might not have (Brown, 1985).

The purpose of this thesis, then, is to examine the needs of the independent elderly who live in small towns in B.C. and the effectiveness of community-based services in responding to these needs. As well, the role of the local community in the provision of services for the elderly will be explored.

1.1. DEMOGRAPHIC CONTEXT

Like those of other developed countries, Canada’s population is aging. However, not only are there more people living past the age of sixty-five than ever
before, but as well there are changes in the composition of the elderly population. For example, there are more older seniors. The number of people seventy-five years and over in 1986 was more than double that of 1961. As well, there is a higher ratio of senior women to men. As elders grow older the gap widens between the number of females and males. In 1986, of elders eighty-five years and older, women outnumbered men more than two to one. Finally, there are changes in the living arrangements of seniors. Twenty-five percent of elders lived alone in 1986, as compared to 12 percent in 1961 (Institute for Health Care Facilities of the Future, 1988).

Canadian census data also indicate that there are changes in where elders live. An increasing number of the country's elderly reside in small towns or rural areas. In fact, in 1986, one-third of Canadian senior citizens lived in small towns and villages. In general, the smaller the town, the higher the proportion of elderly. Most of the elderly in Canada's small towns are either aging in place or they have moved into the town from the surrounding countryside. A small proportion of the small town elderly have moved to small towns from urban areas (Hodge, 1987).

British Columbia is unique among the provinces in having both a very mature age structure (4.6 percent of B.C.'s population was 75 years of age and over as compared to the national average of 4.0 percent) and an unusually rapid growth rate in numbers of persons both 65 years and over and 75 years and over (Stone and Frenken, 1986). As well, British Columbia is no exception to the trend of an increasing number of elderly living outside of the province's urban
centres. In the 1971 to 1981 period, those sixty-five years of age and older in B.C.'s small towns increased their share of the population at a faster rate than did seniors in the province as a whole, and also at a faster rate than did seniors in the rest of Canada's small towns. This growth can be accounted for both by the retention of elderly in these communities, and also by migration of other elderly to them. In fact, B.C. small towns experience more in-migration of elderly to them than do towns in any other province in Canada (Hodge, 1987).

This trend of increasing numbers of seniors living in small B.C. towns, combined with the fact that greater numbers of people are living into their seventies and eighties, points to a need to examine the adequacy of the services available to the elderly in small towns.

1.2. SOCIAL SIGNIFICANCE

The proportion of elderly living in small towns in British Columbia is, in many cases, very high. In towns such as Creston and Keremeos, for example, over twenty-five percent of the town's population is aged sixty-five years and over. Very little research has, however, examined how effectively these small B.C. towns meet the needs of the independent elderly in terms of support services, housing and transportation services. The fact that services are developed by the province to be delivered to seniors in both urban and rural environments means that services may not respond to the needs of the rural elderly. As well, since under the present system there is no local authority responsible for ensuring that a community secures the services that are needed by local elders, services
appear to be disparate. For example, one small B.C. town may have a regular bus service while a town of equal size and with a similar number of seniors may have no transportation services at all.

The issue of how best to plan and deliver health and social services to the small town elderly, and in particular the role of the local community in this process, will continue to be important as the number of seniors living in small towns increases. Many towns in British Columbia are presently involved in promoting their communities as retirement havens. The provincial government, recognizing that retired people can have a positive economic impact on these small town economies, has supported their efforts. However, it is the local government and professionals who work with the elderly who will be made most aware of the needs of the local senior population and so a role ought to be established for the local community to be involved in the planning and delivery of services for the elderly.

1.3. STUDY APPROACH

The research for this study was designed to answer three questions:

1. what are the support service needs of the small town elderly?
2. how effectively are these needs being met at present?
3. what is the role currently assumed by the local community in the provision of services for the elderly?

In order to address these questions, 16 small towns in British Columbia were
examined. The towns selected, all of which are in the southern part of the province, provide examples of small towns of various sizes and with varied proportions of elderly. As well, they reflect a good deal of the regional diversity that exists in B.C. In each of the 16 small towns a sample of independent seniors was surveyed about their living conditions, needs, and perceptions of problems. Municipal officials and service providers in each town were also interviewed about their perceptions of seniors' needs.

1.4. THESIS ORGANIZATION/DEFINITION OF CRITICAL TERMS

The thesis will be presented in six chapters. Chapter Two will discuss the literature on the needs of the elderly in rural areas and the role of support services in responding to those needs. As well, it will explore the findings of other researchers in regard to the planning of services for the elderly in small communities. Chapter Three will provide a detailed description of the methodology employed. Chapter Four will present an analysis of the data gathered from the survey of seniors in the 16 small towns in British Columbia. Chapter Five will examine the availability of community-based services for the elderly in the B.C. small towns. And finally, Chapter Six will discuss solutions to the problem of planning and delivering community-based services to the small town elderly.

The use of several critical terms used in the research need clarification before proceeding further.

In this study, the terms senior citizen and elderly are used interchangeably. These
refer to those people who are sixty-five years of age and older. In some cases
the distinction may be made between young elderly (those people less than
seventy-five years of age) and old elderly (those people seventy-five years of age
and over).

The thesis focusses on the independent elderly. In this study, all seniors who are
living in the community, as opposed to in an institution or care facility, are
considered to be independent. Independent elders may or may not require help in
activities of daily living (ADL), which refers to activities such as getting in and
out of bed, washing or eating, or/and in meeting day-to-day needs, sometimes
called instrumental activities of daily living (IADL), which include activities such as
shopping, housework and meal preparation (Institute for Health Care Facilities of
the Future, 1988).

For the purpose of this study, a small town is a town with a population of
10,000 people or less. The term rural community also refers to a small town.

The term community is also used throughout the research. A community is a
group of people who live in a particular geographic area. In this study, a local
community centres around a small town. The community may, however, extend
beyond the municipal or town boundaries. It, therefore, includes all those people
who may live either inside or outside of the town boundaries, but use the town
as their service centre.

Finally, in this thesis, community-based services refers to services which cater
specifically to the independent elderly. Community-based services may, therefore, be planned and managed either by a local body or by a centralized authority.
CHAPTER 2. THE ELDERLY IN SMALL TOWNS: THE ISSUES AS SEEN FROM THE LITERATURE

This chapter provides an overview of the issues related to the elderly who live independently in small towns and the provision of community-based services to them. Based on research conducted in both the United States and Canada, the characteristics which have been found to distinguish rural elders will be described. This will be followed by a discussion of the needs of rural seniors and the effectiveness of the small town environment in responding to these needs. And finally, the inequity evident in the availability of services for the elderly in rural as compared to urban communities, as well as differences between those available in rural communities, will be addressed. The literature review begins, however, by discussing the problems inherent in the literature on the rural elderly.

2.1. METHODOLOGICAL ISSUES

Most of the gerontological research of the past has been concerned with the elderly in urban environments. When studying the rural elderly, then, not only is the researcher faced with a paucity of information, but the information which is available is often contradictory. Martin-Matthews and Vanden-Heuvel (1985) attribute these contradictions to four problems:

1. there is no one definition of rural used by all researchers;
2. the size and nature of units used for urban-rural comparisons are not consistent;
3. there is often a failure on the part of researchers to
acknowledge the diversity of the rural environment;

4. inconsistencies arise because of inattention to the duration of the residential experience of the rural elderly.

In the following sections, these methodological problems will be further explained.

There is no single definition of rural employed in the gerontological literature. Most of the definitions of rural that are used are similar, however, in that they tend to avoid qualitative criteria and so are based solely on quantitative measures. Historically, the practice has been to select a population size that separates rural from non-rural. This procedure is inherently flawed, however, since society cannot be neatly divided into two distinct segments. In reality, there is considerable overlap between rural and urban environments (Krout, 1986).

The second problem with the research on the rural elderly is that there is a lack of consistency in the size and nature of units used to distinguish a rural community from an urban community. Researchers, service agencies and even departments of government tend to adopt their own definitions of rural. For example, in the 1986 census, Statistics Canada defined an urban area as a "continuously built-up area having a population concentration of 1,000 or more and a population density of 400 or more per square kilometre. To be considered as continuous, the built-up area must not have a discontinuity exceeding two kilometres." In the United States, the U.S. Bureau of Census defines anyone living in a place of 2,500 or more people as urban, the population elsewhere is considered rural (Clifford, Heaton, Voss and Fuguitt, 1985). The fact that there
is this variation in the units used to distinguish rural areas makes comparisons between research findings difficult.

Third, there is considerable diversity both between and within rural communities. "Urban fringe areas, traditional farming areas, marginal resource and recreation based areas, single industry towns and isolated communities are examples of variations of rural community" (Penfold, Brophy, and Sugarman, 1987; 4). The failure, on the part of researchers, to acknowledge this diversity is a third factor which contributes to the inconsistencies found in the literature on the rural elderly. Differences largely associated with population size and density, then, can be magnified by other geographic and socio-demographic factors (Krout, 1986). Overgeneralizing the concept of rurality ignores the fact that, in some instances, there may be factors other than rurality which should be given greater consideration (Coward, 1979).

Age is another factor which can account for differences within the rural senior population and also differences between communities. Given increased longevity, the aging life span now incorporates thirty or forty years. A potential over-simplification is the tendency to put everyone who is sixty-five years or older into a single category. In fact, different age groups have very different needs and consequently require different services (Coward, 1979). The young elderly, that is those between the ages of sixty-five and seventy-four, are generally reasonably healthy and so able to maintain themselves in their own homes. They appear to need little assistance from social and community supports. The old elderly, that is those who are seventy-five years of age and older, on
the other hand, are more likely to experience one or more chronic conditions which can make it difficult to remain living independently. Increasing numbers of Canadians are living to eighty-five years of age and over. It is these very old elderly who have the greatest need for support services (Rose and MacDonald, 1984).

Fourth, the duration of residential experience is another factor which can be responsible for variations between seniors in rural areas. Whether elders are lifelong residents of a community or have moved there upon retirement may indicate different needs, expectations and lifestyles to be accommodated. Seniors who have migrated from urban areas, for example, are different, in some respects, from the residents they join. Such migrants tend to be better educated, have higher incomes, and are disproportionately more likely to live independently, as compared to elders who have lived all of their life in the rural environment (Clifford, Heaton, Voss and Fuguitt, 1985).

The research available which deals with the rural elderly, then, can be contradictory. An awareness of some of the potential sources of the contradictions enables one to better interpret such findings.
2.2. THE NATURE OF RURAL ELDERS

"For decades it has been a fundamental principle of effective social service practice that programs should be congruent with the social environment and culture of the communities they purport to serve. Consequently, to design programs for the elderly that are consistent with the realities of their rural lifestyle, practitioners must be able to clarify those distinctive features of rural environments that impinge upon service development and delivery" (Coward and Rathbone-McCuan, 1985; 198).

In order to evaluate the effectiveness of community-based services in responding to the support service, housing and transportation needs of seniors in small towns, then, an understanding of the characteristics of the rural elderly is necessary. In the following sections some of the characteristics which have been found to distinguish rural elders from urban elders will be discussed. Since there is little research on Canadian rural elderly, our knowledge is largely from U.S. research.

2.2.1. Culture

There is no consensus in the literature on the existence of cultural differences between urban and rural elders. Some researchers conclude that rural-urban differences in attitudes and behavior have disappeared as a result of the diffusion of mass culture, while others suggest that urbanism and rurality are still important predictors of attitudes and opinions (Taietz, 1975).

Edward Ansello's (1980) article, "Special Considerations in Rural Aging", is an example of research which takes the position that the rural elderly are culturally different from the urban elderly. He argues that there are "characteristics that
stamp the rural elderly not as from a different geographic region but from a
different sociocultural history and setting" (Ansello, 1980; 346). Ansello concedes
that there is more homogeneity of values among younger persons, whatever the
setting, because of the immediacy and recency of their socialization, but he
maintains that this is not necessarily so among older cohorts. Ansello suggests
that the rural aged are largely part of postfigurative culture, a term developed by
Margaret Mead (1970) to describe a culture wherein children learn primarily from
their forbears. According to Mead’s definition, a postfigurative culture is
characterized by stability and gradual change, an intimate relationship to one’s
habitat and values which are internalized without questioning or consciousness.
Amidst all the changes in rural North America, Ansello concludes that the
postfigurative culture endures within the minds of the remaining rural aged.
However, Ansello does not correlate the size of the community with this rural
culture, instead he maintains "that rural is not all or nothing; there are degrees
of rurality...degrees not necessarily related to size of population" (Ansello, 1980;
346).

Most researchers, however, are not as convinced as Ansello on whether there are
significant differences between the urban and rural elderly. They tend to take a
position similar to Krout (1986), who argues that there are differences between
rural and urban elders in basic values and lifestyle but that the degree and
nature of these differences have not been adequately researched.

Two attitudes characteristic of the rural elderly which are often cited in the
literature, however, are their sense of individual independence and their sense of
The rural elderly's spirit of independence is reflected in their perception of their own needs. Seniors in rural communities typically express a need for fewer services than their urban counterparts (Ontario Advisory Council on Senior Citizens, 1980). As well, they are less likely to utilize available services, particularly health care services (Coward and Lee, 1985; Krout, 1986).

A sense of self-contained community interdependence is evident in the attitude of rural elders to interventions which originate from outside the community. Generally, the rural elderly are suspicious of anything representing a large organization or distant leadership. This attitude has in fact affected human service programs of all types which have been plagued by an inability to establish credibility in rural areas (Coward, 1979; Steinhauer, 1980). As well, rural elders' attitude to their community is reflected in the fact that they tend to be more active in their community as compared to urban seniors (Ontario Advisory Council on Senior Citizens, 1980).

Academic controversy will continue as to whether there are indeed significant cultural differences between the rural and urban elderly. Aside from possible cultural differences, however, there are other characteristics which have been identified in the gerontological literature as being associated with the elderly who live in rural environments.
2.2.2. Satisfaction with their Environment

Most research on subjective measures of the quality of life such as emotional well being, morale, and life satisfaction, has indicated that for the elderly, there is a slight advantage in rural residence, as compared to urban residence (Coward and Lee, 1985; Ontario Advisory Council on Senior Citizens, 1980). In a study by Windley and Scheidt (1980), for example, in which 990 older rural residents in eighteen towns were interviewed, the majority (77 percent) reported high satisfaction living in their current residences. Almost all (98 percent) reported feeling safe in their home and in their neighbourhood at night.

The gerontological literature, then, indicates that in some aspects of life, such as satisfaction with the community, the rural elderly may be advantaged. In other aspects of life, however, research documents the existence of needs which are a consequence of the rural environment. The discussion of the health, income, housing and transportation characteristics of the rural elderly which follows points to some of the disadvantages.

2.2.3. Health

Good physical health is central to life satisfaction, ability to function independently, and participation in enjoyable social activities. U.S. research has found that no matter what measurement of health status is used, self assessment by the elderly individual of health, reports of ailments, reports of mobility limitations, use of health aids and prescription drugs, number of days
hospitalized, or any combination of these, the results are always the same. The rural elderly are in relatively poor health (Krout, 1986). While there is agreement in the literature that the health of the elderly in rural areas is poor, the reasons are less clear. There remains the need to explore the complex interaction of health-related variables and residence. And there are, as yet, little data available on Canada’s rural elderly.

Not only are the rural elderly in the United States reported to be in poorer health than the urban elderly, but research indicates that rural elders are less likely than urban elders to utilize available health care services. "Lack of accessibility due to geographic isolation, poor transportation resources, inadequate knowledge of disease or services, a high value placed on independence, and negative attitudes toward health professionals and formal medicine have been identified as some of the factors related to this lack of health care use" (Krout, 1986; 81). A study which examined the utilization of health care in Manitoba, however, concluded that "despite disparities in income and in the distribution of physician services, the volume and pattern of ambulatory care use by rural and urban elderly (did) not differ greatly. Both universal medical insurance and the possibility of obtaining physician services elsewhere if the appropriate specialist (were) not available locally probably contributed to these roughly similar utilization patterns" (Shapiro and Roos, 1984). The Manitoba research indicates, therefore, that there may be differences in the utilization of health care services by Canadian as compared to American elders.

In terms of mental health, American studies indicate that fifteen to twenty-five
percent of the elderly are affected by psychiatric problems. As is the case with health in general, the incidence of such disorders increases with age (Krout, 1986). The magnitude and nature of mental health disorders among the rural elderly has not, however, been well documented.

As well as being in poorer health and possibly less likely to utilize existing health services, the rural elderly live in an environment which has fewer health resources and services as compared to urban areas. While most small towns have general practice physicians, the health services or professionals not available typically include specialists of all kinds, preventative care and health maintenance programs, emergency medical care, and psycho-geriatric care (Lassey and Lassey, 1985; Krout, 1986; Scheidt, 1985). This absence of specialized health services is sometimes considered to be one of the causes of the earlier entry into nursing homes by rural elders, as compared to urban elders (Lassey and Lassey, 1985).

2.2.4. Income

A person's level of income has a significant impact on their quality of life only if it falls below a subsistence level (Rose and MacDonald, 1984). Unfortunately, amongst the elderly in Canada there is a high incidence of poverty. The reason that so many elderly people have income problems is due to the fact that federal pension programs, together with provincial supplements, barely equal the poverty line set by the National Council on Welfare.

While income problems are evident amongst the elderly living in urban areas, the
rural elderly are characterized in the literature as being generally less affluent than their urban counterparts. Three studies by Hodge (1988, 1989, 1990) found that among Canadian small town elderly 25 to 30 percent had incomes at or just above the poverty line.

2.2.5. Shelter

"Housing provides the individual with shelter, privacy, location, environmental amenities, and investment capacity for homeowners" (Bylund, 1985; 130). For the elderly, housing may assume even increased importance since, not only do they spend more time in their homes than any other age group, but their housing determines the extent to which they will retain their independence. In fact, a reported major fear of the elderly is not to be able to stay in one's own home or continue an independent lifestyle (Bylund, 1985).

American research dealing with the elderly and housing indicates that the housing inhabited by the rural elderly is generally of significantly lower quality than that occupied by the urban elderly. While rural seniors are more likely than urban seniors to own their own homes, and these homes are usually mortgage free, their housing is older (U.S. Department of Housing and Urban Development, 1980). An older house inevitably means that repair and maintenance costs are high. Ironically, in spite of the fact that many rural seniors are living in housing which is judged deficient, very few express a desire to move. As well, research shows rural seniors to be less interested in and willing to accept government assistance in maintaining or improving their homes (Bylund, 1985).
As compared to the urban elderly, the independent rural elderly have relatively few housing options available to them in their communities, aside from living in a detached house. Mobile homes tend to be the most frequently used alternative (Bylund, 1985). Apartments are often not a viable option since they are generally not plentiful in small towns. In fact, in many small towns in Canada, the only apartments are government subsidized senior apartments (Hodge, 1984).

The importance of having subsidized senior apartments in a small town is apparent from research which explores the nature of tenants in government subsidized senior apartments. Studies indicate that residents in senior apartments tend to be older and more frail than people of comparable age living at home (Hodge, 1984; Gutman, 1980). A study of senior housing in Saskatchewan, for example, found that the typical profile of a tenant or a person on the waiting list for seniors' housing was a 75 year old female living alone (Saskatchewan Public Housing Corporation, 1981, 1983). This finding suggests that financial concerns are not necessarily the only or most common reason for moving into retirement housing. The presence of subsidized apartments in a small town, may, therefore, enable the more frail elderly to remain in their community rather than having to move from the town in order to secure appropriate housing (Hodge, 1984).

2.2.6. Mobility

Access to affordable and appropriate transportation is crucial for elderly people in order that they may participate fully in economic, social and recreational
activities in their community. Evidence in support of the proposition that transportation plays a crucial role in the quality of an elderly person's life is provided by Cutler (1975). His analysis of the relationship between the availability of personal transportation and life satisfaction over a two and a half year period revealed that approximately two-thirds of those with transportation had stable or increasing life satisfaction scores, while more than half of those without transportation had decreasing life satisfaction scores.

In recent years, country settlements have been changing such that, typically, small towns have become less commercial and more residential. Consequently, they are less able to provide their inhabitants with the necessary mix of goods and services. For rural seniors, then, transportation is generally required both to get around within their own community and to go to other communities in the area (Windley, 1983). Grant and Rice (1983) identified two specific transportation needs; the need to make local trips at least once a week and the need for transportation to a district centre at least once a month.

In terms of transportation, the rural elderly are characterized as having higher rates of car ownership as compared to the urban elderly. In Windley's (1983) study of eighteen small towns in Kansas, for example, the majority of respondents either walked or drove themselves to services. Rural elders who are unable to drive or cannot afford a private automobile, however, are likely to have mobility problems since typically rural areas do not have public transportation services (Krout, 1986). A study of community transportation services in rural Ontario found that even where such a service did exist it often
failed to respond effectively to the needs of local people. The researchers found that, typically, community transportation services had been instituted without consulting all potential service providers and, in many cases, without consulting potential consumers. It was reported that "the bizarre situation arose where consumers and their advocates would describe the problems caused through accessibility problems and at the same meeting spokespersons for transportation services would lament the fact that their services were under-utilized" (Mark 1982; 16).

According to various Canadian studies, transportation is the third ranked problem for the rural elderly, after inadequate income and failing health (Mark, 1982; Hodge, 1984). In a study of rural elders in Saskatchewan, for example, 17.9 percent of respondents had problems getting anywhere, 19.1 percent had a problem getting around town once a week and 23.1 percent experienced difficulty getting to a larger centre once a month (Senior Citizens Provincial Council Saskatchewan, 1982). Very old widowed women living alone on a small income in a village or small town and who were lonely, in poor health and physically frail were found to be particularly likely to be disadvantaged with respect to transportation (Senior Citizens Provincial Council Saskatchewan, 1982).

Since many of the problems associated with the rural elderly are most often experienced by rural women, a discussion of rural women follows.
2.2.7. Rural Women

Among the elderly in small towns in Canada there are more women than men, however, the proportion of men is higher than that found in cities. This is due to two tendencies; the higher outmigration of women from rural regions because of fewer job opportunities and the natural longevity of women (Hodge, 1987). As well, in rural areas, elderly widows tend to be overrepresented. While widows comprise 12 percent of women living in urban areas, they constitute 18 percent of women residing in rural areas of Canada (Martin-Matthews, 1988).

Older women, living in both urban and rural environments, are generally more prone to the risks of later life as compared to elderly men (Hooyman, 1980). For instance, in terms of income, elderly women in Canada are far more likely than the rest of the population to be poor. In Canada, one-third of all widows have no personal income other than Old Age Security. "Rurality adds an additional risk to the known hazards of being old and female. As a group, aging country women have even less money, less education and fewer services than their urban counterparts" (Cape, 1987; 86).

Studies of married elderly women indicate that traditionally, mens' role has been to take care of transportation and the repair and maintenance of the home. For an elderly woman, then, the death of her spouse may mean that as well as loneliness, transportation and housing problems may follow. For example, in a study in rural Ontario, only half of the women were drivers and even fewer drove in the winter (Cape, 1987).
There is no consensus in the literature, therefore, as to whether the rural elderly differ culturally from the urban elderly. There are, however, other characteristics which distinguish the elderly living in rural environments from their urban counterparts. For instance, the rural elderly are more likely to be satisfied with their environment as compared to the urban elderly. In terms of health, income, housing and transportation, there is, however, a higher incidence of needs. The lack of specialized medical services, housing options and transportation services characteristic of rural communities is one of the reasons for the problems associated with being elderly in a rural environment.

Having provided a general description of some of the characteristics and needs of the rural elderly, how the rural environment responds to the needs of the elderly is the next topic to be addressed.

2.3. SUPPORT SYSTEMS IN RURAL COMMUNITIES

There are three categories of factors which contribute to elders being able to remain in the community. First, personal factors such as health and income. Second, informal support systems, which refers to family and friends. And third, formal support systems, which includes all community services, either voluntary or paid, that are formally organized to assist the elderly to remain in the community (Rose and MacDonald, 1984). Since this thesis is concerned with the response of the local community to the needs of the elderly the discussion which follows will focus on the latter two factors; informal and formal sources of support available in small towns.
2.3.1. Informal Support Systems

Formal services are deemed the last resort by most elders—black or white, rich or poor, urban or rural... when they are unable to maintain independence, most would first choose to receive assistance from their personal social network of family and friends. Such attitudes are not unique or peculiar to the rural elderly." (Coward and Rathbone-McCuan, 1985; 204).

Family, friends, and neighbours of the elderly are referred to collectively as "informal networks of support" (Krout, 1986). Literature on social supports invariably points to the importance of informal supports for maintaining the older person's physical and mental well-being. In fact, some research has suggested that the presence or absence of family is associated with institutionalization (Rose and MacDonald, 1984; Stone and Frenken, 1986). As well, the literature on support systems indicates that the availability of family and other informal supports may be a variable which intervenes between need for and use of formal supports since those with high levels of social interaction draw less heavily on formal support systems (Rose and MacDonald, 1984).

Children are the main source of informal help for the elderly. There is extensive documentation to suggest that children provide for 70 to 80 percent of their elderly parent's emotional, health and social needs (Krout, 1986). It is not the absolute number of children, however, but rather the number of readily available children and other relatives that are important in providing support to the elderly. The term readily available usually refers to geographic closeness or residential proximity (Krout, 1986).

Another consideration, besides residential proximity, is the age of the children.
The number of women past eighty-five years of age has doubled between 1900 and 1975, suggesting both a greater percentage of frail elderly and a greater number whose offspring are likely to be past 60 years themselves and so less capable of providing assistance to their parents (Hooyman, 1980).

Children of the elderly have been found to provide particular types of assistance to their parents. In a study in rural Ontario, for example, 20 percent of the elderly respondents had help from sons or sons-in-law with outside chores such as cutting grass and snow removal, while 10 percent had regular assistance from daughters or daughters-in-law with house cleaning (Cape, 1987).

Friends and neighbours, while not as much relied on by the elderly for help in the home, may be an important provider of transportation services or a resource in a medical or other emergency (Kivett, 1985).

Research comparing informal support systems available to the elderly in rural areas with those available to the urban elderly, do not indicate any significant differences. While some studies suggest that urban children see their parents more frequently than their rural counterparts since children of the rural elderly are more likely to have left the community in which their parents live (Bultena, 1969), other studies conclude that family support for the rural elderly is greater where family are present (Rose and MacDonald, 1984). "Overall, it would appear appropriate to conclude that the existing research does not support the stereotype of the super-supportive rural informal network or the picture of the isolated rural elderly. The rural elderly would appear to have interaction and support patterns
with children, other kin, and friends and neighbours not widely different from elderly who reside in other places" (Krout, 1986; 136).

2.3.2. Formal Support Services

The formal support system encompasses all community services available to the elderly that are formally organized. Estimates vary as to the number of elders who require formal support services. For example, an Ontario study which examined the service needs of community-dwelling older persons, found that approximately nine percent of this population was currently using or in need of formally organized support services (Connidis, 1984). Forbes, Jackson and Kraus (1987), on the other hand, estimated that up to 12 percent of elders living in the community need assistance with activities such as dressing, washing and preparing meals, while as many as 25 percent need help with housework and shopping. Finally, a study of rural elders in Alberta reported that 53 percent of respondents to a survey requested some type of formal support service (Gregory, 1982).

Services considered part of the formal support system may be provided by the public, private or voluntary sector. Most of the services available to the elderly in both rural and urban communities, however, are provided by the public and voluntary sectors. The private market does not constitute a major supplier of services, especially in rural areas. "One of the reasons for the unresponsiveness of the market system to the needs of the elderly is that a high proportion of the elderly have incomes which are below the poverty level" (Taietz, 1975; 146).
There has, however, been an increase in the number of services provided by voluntary organizations. In fact, in small communities, the involvement of the voluntary sector has, in some instances, made possible services which were previously unavailable (Manga and Muckle, 1987). In spite of the involvement by voluntary agencies in the provision of services, in Canada the government remains the primary provider of services to the elderly.

2.4. GOVERNMENTS AND SUPPORT SERVICES

While the provincial government has the primary role in the provision of services for the elderly, the federal and municipal governments are also involved.

2.4.1. Federal Government Role

The federal government is involved indirectly in the provision of services for the elderly through financial contributions it provides to the provincial governments for some of their programs. The federal government can, however, directly influence the development of community support services by using financial inducements for provincial governments to develop more and appropriate services (National Advisory Council on Aging, 1986).

2.4.2. Provincial Government Role

The provincial governments in Canada have the most immediate role in ensuring that community services are available since most government programs affecting
the elderly, in areas of health, social services, transportation, and housing, are under the constitutional jurisdiction of the provinces (Kernaghan, 1983). Each province decides what community support services it wishes to foster, what the delivery mechanisms will be, and how such services will be financed. Since the provinces are primarily responsible for the planning and delivery of services for the elderly, many of the problems with the present system can be attributed to them.

One difficulty that many communities, particularly the smaller ones, have is developing a continuum of services for their elderly. Since there is no formal co-ordination of aging policy between and among the departments of the B.C. government each ministry plans and delivers services to the elderly in isolation from the activities of other provincial ministeries. The result is that a range of services may exist in a community, which are neither integrated nor co-ordinated.

As well, provincial funding policies tend to neglect support services as institution-based programs remain to be the major focus of the provincial government's commitment of human and financial resources. While there is increasing emphasis in all provinces on maintaining the independence of elderly persons by finding ways and means to develop and improve community-based services, there is considerable variation among the provinces in the extent to which these programs have been developed (Kernaghan and Kuper, 1983).
2.4.3. Municipal Government Role

While municipal officials are in much closer proximity to elderly persons than federal and provincial officials and so, some would argue, in a better position than the senior levels of government to provide community-based services for the elderly, municipal governments are constrained both by constitutional and financial bonds.

Unlike the federal and provincial governments, municipal governments do not have constitutionally defined areas of jurisdiction regarding the elderly. While historically, local governments did play a leading role in the provision of health and social services, the rise of the welfare state transferred responsibility from the local level to senior levels of government.

Municipal governments raise most of their revenues through property taxes. A small amount is obtained through licensing fees and fines. Local governments across Canada are, however, finding it increasingly difficult to finance municipal projects solely through these revenue sources, and so are becoming increasingly dependent on senior government grants (Kernaghan, 1983). Municipalities, therefore, are unable to extend their responsibility to financing social services. Aside from the insufficiency of municipal revenue sources, the traditional argument against financing social and health services from property or local taxes is that such services have as their objective, income redistribution that benefits society at large. The argument follows, then, that these services should be paid for from national or provincial revenue (Manga and Muckle, 1987).
In spite of being constitutionally and financially constrained, many local governments have assumed a role in the provision of services for the elderly. Such involvement varies considerably. Many local governments, especially the smaller ones, are involved only minimally, or not at all, in health care and social services (Manga and Muckle, 1987). However, some municipalities in Canada play an important role in providing services to the elderly. Such programs as Meals-on-Wheels, telephone safety checks, library lending services for the homebound, and homemakers are administered by some Canadian municipalities. As well, some municipalities are involved in the provision of housing for people with special needs.

As well as being directly involved in the provision of services, municipalities can play a role in facilitating the efforts of other groups. Local government support of housing projects, for example, is an important factor in their success because such projects require municipal zoning, licensing, and service approval (Manga and Muckle, 1987). Municipalities may co-ordinate the efforts of agencies within the community and act as a liason or advocate to other levels of government on their behalf. As well, the municipality may assist non-profit groups to provide services through direct funding or by donating municipal facilities.
2.5. INEQUITY IN THE AVAILABILITY OF SERVICES

"The distribution of community support services across Canada is inequitable. Where you live often determines whether you receive adequate community support services or not. These indicators suggest that the choices available to many seniors are seriously limited, restricting their ability to live as independent, autonomous people in their communities" (National Advisory Council on Aging, 1986; 6).

In spite of the fact that the constitutional arrangement, whereby the provinces are primarily responsible for the provision of services for the elderly, is intended to facilitate equity, in fact the distribution of community support services is inequitable. There are differences evident between the services available in urban and rural communities and between those available in rural communities.

2.5.1. Rural-Urban Comparison

The problem of inequity in the provision of services is especially evident when comparing urban and rural communities. In spite of the fact that health and social service programs are set primarily at the provincial level, rural—urban differences within each province are frequently greater than those between provinces (Neysmith, 1987).

The fact that small towns or rural areas offer fewer community-based services for the elderly than urban areas has been well documented, however the reasons as to why this is so, are less clear. Steinhauer (1980) believes that the very nature of the environment of the small town presents obstacles and constraints to the provision of services to the elderly. She divides these obstacles into two categories: administrative and logistical.
Administrative obstacles refer to the shortage of personnel and organizational resources which enable a community to secure needed services from senior levels of government and effectively deliver services to the elderly in the community. Some examples of administrative obstacles present in most small communities are:

1. Small communities rarely have an infrastructure of personnel and institutions that are functioning and prepared to be competitive in seeking opportunities for grants and programs.

2. Local officials, who can act as decision makers on the allocation of resources, often ignore requests for invisible services such as outreach and information and referral services. Thoughts about their own political futures, coupled with little knowledge about services influence such decisions.

3. The absence of an infrastructure of existing services providers may prevent the development of services in a small town.

4. There is no co-ordinated system of services from the national government down to the local level. Securing an array of categorical and segmented programs requires separate, individual initiatives and the managerial capacity to be responsible is lacking in most small communities.

Logistical obstacles reflect the fact that sheer distance between people and between people and services is the most obvious aspect in which rural areas differ from urban areas. Logistical obstacles include:

1. Transportation is a required component for all services whether clients come to services or services are brought out to clients. In
rural areas, service delivery is expensive because of the dispersion of clients. Rural areas, therefore, might have fewer clients but require higher dollar transportation costs to be built in.

2. The lack of economies of scale in rural areas have been said to translate into higher costs for services. Few studies have, however, made direct comparisons between rural and urban costs of services for the elderly and in those that have, the findings are inconclusive.

2.5.2. Between Town Comparison

As well as differences or inequity in the availability of community—based services in rural communities as compared to urban communities, there are also considerable differences between small communities in the types of services that are available. "Some communities have quite advanced service programs for the aged while others similar in size and elderly population have no services at all" (Brown, 1985; 417).

Little research has addressed this question of why some towns have many and varied services for the elderly while other small towns have none. One study which did deal with this issue, however, examined towns in rural Arizona. In the Arizona towns, it was found that in all of the towns which had a greater array of services for the elderly, advocacy processes had been instrumental in the establishment of these services.
Advocacy is defined as "a grassroots process in which those in local communities serve as their own advocates to initiate programs and acquire desired services" (Perlman, 1979). Most of the research on grassroots advocacy processes has focussed on urban neighbourhoods. In the small towns in rural Arizona, however, the same processes evident in inner city neighbourhoods were found to exist in the rural environment.

In the Arizona towns in which advocacy processes were evident, it was found that although the means of grassroots organizational efforts, their pace of development, and the extent of their establishment differed somewhat between communities, there were suprising similarities. Quite typical motivating processes, needs defining processes and organizational processes characterized the advocacy process. For example, when asked to give an account of how service programs for the elderly in local communities had been initiated, none of those interviewed mentioned formal planning processes or efforts by official advocates as important. Most of the respondents referred to the "continued presence of local individuals with strong motivations as vital to successfully initiating programs for older people". Neither professionalism nor age were mentioned as important in defining effective leadership (Brown, 1985).

A grassroots advocacy process has, therefore, been found to exist in small towns in Arizona and has been credited with effectively securing services needed by the elderly in those communities. However, in many small communities a local response to needs may not emerge. One reason for a small town's lack of involvement in the provision of services for the elderly might be due to a lack
of community cohesion. In order to effectively respond to needs in small communities there must be co-operation between various sectors of the community. Voth (1974) evaluated the impact of community development programs on the growth of service institutions in non-metropolitan communities in southern Illinois. His findings indicated that the existence of community development programs were associated with an improvement in services.

2.6. CONCLUSION

The gerontological literature on the rural elderly, then, indicates that the situation of the elderly living in rural environments differs from that of the elderly who live in urban environments. Rural communities generally have considerably fewer support services, housing options and transportation services available for the elderly. While the system, outlined in the Canadian Constitution, is intended to minimize regional inequities, in fact there are not only variations in the availability of services between urban and rural communities, but as well differences have been observed between small towns of similar size. The conclusion drawn by most researchers, then, is that there is a need to re-examine the availability of community-based services for the rural elderly, and in particular the organization and delivery of these services.
CHAPTER 3. RESEARCHING THE SMALL TOWN ELDERLY

3.1. THE RESEARCH PROBLEM

9.8 percent of the population in small towns in British Columbia are senior citizens (Hodge 1987). This study focusses on independent small town elders. The research method was designed to examine the needs of these elders and the effectiveness of the province's small towns in responding to their needs. Specifically, the following three questions are addressed:

1. What are the support service needs of the elderly who live in small towns in B.C.?
2. How effectively are these needs presently being met?
3. What is the role assumed by local communities in the provision of services for the elderly?

3.2. THE RESEARCH APPROACH

The data for this thesis were derived from a project of the Centre for Human Settlements at the University of British Columbia. The research was funded by the British Columbia Ministry of Municipal Affairs and Small Business Development. The author was a research assistant on the project. The duties of the research assistants included aiding in the development of the survey instruments, conducting the field research and analyzing the data. The field research was conducted between March and May of 1987.
In order to determine the needs of the small town elderly and the effectiveness of the present system in responding to these needs, a needs assessment was carried out in sixteen small towns in British Columbia. The objective of the needs assessment was to produce:

1. a description of small town elders;
2. a description of the needs of small town elders;
3. a description of available services;
4. a description of unmet need.

Seniors, municipal officials and care-givers in the small B.C. towns participated in the study.

3.2.1. Choosing the Towns

The sixteen towns which were selected for the research are located in four different regions in the southern part of British Columbia: (1) West Kootenays, (2) Okanagan Valley, (3) East coast of Vancouver Island, (4) Fraser Valley and Sunshine Coast (see Table 3.1 for a list of the towns). Only towns in the southern region of the province were chosen in order to focus research on the needs of seniors in these areas. Elders living in northern areas of the province may, therefore, have needs which are not addressed by this research.
<table>
<thead>
<tr>
<th>TOWNS</th>
<th>TOTAL POPULATION 1986</th>
<th>TOTAL POPULATION 65 YEARS AND OVER NO.</th>
<th>NUMBER OF SENIORS SURVEYED*</th>
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</table>

| TOTAL            | 44,435                | 8,493                                  | 130                        |

Source: 1986 Census of Canada, Catalogue No. 94-119
**An unincorporated town within Kent D.M. Figures used are from local estimates.
Towns were selected with varying sizes of populations. Both smaller towns, that is those with a population of less than 2,500, and larger towns, which refers to towns with a population of between 2,500 and 10,000, were selected in each of the four regions of the province involved in the study. The size of the sixteen towns ranged from Slocan in the Kootenays, with a population of 295, to Summerland, an Okanagan town with a population of 7,755.

As well as varying sizes, in each region, towns were selected according to the proportion of their population that was 65 years of age and over. On this dimension, half of the towns had a low to medium proportion of elderly (under 15 percent) and half had a high proportion of elderly (15 percent and over). The proportion of elderly persons in the town population ranged from 10.2 percent in Midway and Slocan, to a high of 30.4 percent in Creston.

3.2.2. Choosing the Seniors

People aged 65 years and over who were living independently in one of the 16 small towns selected for the study were surveyed. (As stated previously, independent elders refers to seniors who are living in the community, as opposed to in an institution.) Subjects were generally recruited through senior citizens' organizations located in the small towns. Typically, the President of the Senior Citizen's Centre or the Old Age Pensioners Club was contacted and asked to arrange for approximately six seniors to be interviewed by the research team. A cross section of elders, in terms of age, marital status, health and income, was requested. (See Table 3.1 for a breakdown of the number of seniors interviewed
in each town as well as for census population data for the sixteen small towns.)

In total, 130 elderly persons participated in the study. This is 1.5 percent of the total population of elderly living in these sixteen small towns. Since only one member of a married couple was ever surveyed, the 130 respondents represent 130 households.

3.2.3. Surveying the Seniors

To gather information on the characteristics, needs and use of community-based services by seniors living in small B.C. towns, two surveys were developed (see Appendix A). A more detailed questionnaire, titled *Survey of the Activities and Needs of the Elderly in Small B.C. Towns*, was designed to be administered in face-to-face interviews with seniors. A shorter version of this questionnaire, titled *Elderly Short Form*, was designed to be used as a self-administered survey. Both surveys consist of four sections. These are housing, activities, services and assistance and personal data. The questions on the surveys were developed by modifying questions used on surveys in other gerontological studies (Hodge, 1984) as well as by the research team designing new questions. In addition to the questions on the survey, the respondents who completed the long questionnaire were asked to complete a form which enquired about the positive and negative aspects of living in a small town.

The majority of the interviews with seniors were conducted in the seniors’ centres in the small towns. In some instances, however, elders were interviewed
in their homes. The interview took approximately one hour. On average, ten self-administered surveys were left with one senior in each town to be distributed and returned through the mail.

In total, 99 seniors completed the longer survey in an interview situation, while 31 seniors completed the shorter, self-administered questionnaire. While it was originally intended that six seniors in each town would complete the long survey and ten seniors in each town would complete the short survey, this number of surveys were only collected in two towns. The longer survey was completed by three to 10 seniors in all of the sixteen towns and short surveys were received back from four towns.

3.2.4. Surveying Municipal Officials and Care-givers

Municipal officials and formal care-givers also participated in the study. The reason for including these people was to collect information on the availability of services and facilities for the elderly in the 16 small towns, as well as to investigate their perception of and response to the needs of elderly residents.

A survey, titled *Survey of the Impact of the Elderly on Small B.C. Municipalities*, was developed as a means of collecting information from municipal officials in the sixteen small towns (see Appendix B). This municipal survey is composed of five sections. These are services/programs, housing, transportation, recreation and planning and managing seniors' services.
The municipal survey was administered by a researcher in an interview situation. In the sixteen small towns, the town clerk was contacted and a meeting set up. It was left to the discretion of the clerk to decide who would be invited to participate in completing the municipal survey. In many cases, members of the town council and/or the mayor were present at the interview.

As well, information on the needs of seniors and on the availability of and gaps in the system of community-based services was provided by professionals who work with the elderly. Unstructured interviews were conducted with formal care-givers in the sixteen small towns. The number of care-givers interviewed in each of the small towns depended on the services and facilities which existed in the town. Where they did exist, hospital administrators, homemakers and homecare nurses were generally contacted.

As well as professionals who provide services to the elderly, people in the small towns who were in some way involved with or concerned about the elderly were also interviewed. Such individuals were generally identified by municipal officials or care-givers. The purpose of interviewing these people was to ascertain how they were involved with seniors, and to find out their perception of the needs of the elderly.

Information collected from the municipal surveys and the interviews with care-givers and concerned citizens complemented the information derived from the seniors’ surveys. It provided another view of the needs of the elderly and the effectiveness of the small town community in responding to these needs. As well,
these interviews provided the researcher with an inventory of the services and facilities for the elderly which existed in the 16 small towns.

3.3. ANALYTICAL DIMENSIONS

3.3.1. Types of Findings

Descriptive statistics were derived from the responses to the questions on the seniors' surveys. Frequencies were produced for individual variables, while the relationships between variables were examined through crosstabulations. The relationships between variables were not, however, analyzed for statistical significance since when the sample is subdivided, the number of responses in the subgroups is relatively small, making most techniques of statistical analysis inappropriate. The crosstabulations in this research do, however, provide some indication of trends which may exist in the population of small town elderly in B.C.

The nature of the questions on the municipal survey, as well as the small size of the sample, meant that the data from this survey did not lend themselves to being coded and computerized. Rather, these data, together with those gathered from interviews with care-givers, were used to produce an inventory of facilities and services available in each town, as well as serving as a source of anecdotal information about the needs of the small town elderly and the response of small communities to these needs.
3.3.2. The Sample of Seniors

The sampling method employed in the seniors’ survey presents limitations to the conclusions which can be drawn from the results. The fact that most of the 130 seniors who completed a survey form were associated with seniors’ organizations indicates that the respondents may not represent a cross-section of senior residents of small B.C. towns. The results from this study may in fact reflect the concerns of the more active or involved seniors.

As well as the method used to recruit seniors, the number actually recruited limits the analysis. 130 seniors represents only 1.5 percent of the 8,493 seniors that live in the sixteen small towns studied. This sample size is insufficient, therefore, for there to be an extensive analysis of the data or for any firm generalizations to be drawn. Furthermore, the sample drawn from each of the towns is not sufficient to allow for comparisons to be made between towns.

Notwithstanding these limitations, the sample compares well with the total elderly in the towns and with the total of all B.C. seniors in the following demographic characteristics: average age, marital status and gender.
CHAPTER 4. SMALL TOWN LIVING FOR THE ELDERLY IN BRITISH COLUMBIA

This chapter provides an analysis of the results of the seniors’ survey. First, a description of the small town elderly will be presented. The age, gender, marital status, income, health, housing and transportation characteristics of the survey respondents will be discussed. Second, the needs of the small town elderly will be explored. This discussion of need will focus primarily on housing and transportation related needs. Third, how the needs of seniors are met in the small town environment will be examined. In this section, the types and sources of assistance that were provided to the survey respondents will be described. As well, the gaps in the present system will be discussed. Finally, the chapter will conclude with an explanation of why significant numbers of seniors are choosing to spend their retirement years in small B.C. towns.

Throughout this discussion of the characteristics, needs and utilization of services by the elderly in small towns, the subgroups of elders with a particular characteristic or need will be identified. The relationship that factors such as age, gender, marital status or income have to the needs expressed by the respondents will be examined. As well as determining whether there is a relationship between the characteristics of the seniors and their expressed needs, the relationship between the nature of the town and the needs expressed by the seniors will also be explored. As discussed in Chapter Three, the sixteen towns selected for the study can be divided into large and small towns and into towns with a high and low proportion of elderly (see Table 4.1). Using these criteria, differences
between the needs of elders in the various types of small towns will be examined.

**TABLE 4.1: SELECTION OF B.C. TOWNS FOR THE SURVEY OF THE ELDERLY**

<table>
<thead>
<tr>
<th>Low (Less than 15%)</th>
<th>Small (Under 2,500)</th>
<th>Large (2,500 - 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slocan</td>
<td>10.2</td>
<td>Rossland</td>
</tr>
<tr>
<td>Midway</td>
<td>10.2</td>
<td>Princeton</td>
</tr>
<tr>
<td>Lake Cowichan</td>
<td>10.4</td>
<td>Comox</td>
</tr>
<tr>
<td>Harrison H. S.</td>
<td>14.6</td>
<td>Agassiz</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent population over 65 years</th>
<th>Small (Under 2,500)</th>
<th>Large (2,500 - 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaslo</td>
<td>19.9</td>
<td>Creston</td>
</tr>
<tr>
<td>Keremeos</td>
<td>32.1</td>
<td>Summerland</td>
</tr>
<tr>
<td>Cumberland</td>
<td>18.1</td>
<td>Parksville</td>
</tr>
<tr>
<td>Sechelt</td>
<td>24.6</td>
<td>Gibsons</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, 1986
4.1. CHARACTERISTICS OF THE SMALL TOWN ELDERLY

4.1.1. Age, Gender and Marital Status

Age, gender and marital status are often significant variables in determining needs. According to the 1986 Census, in the 16 B.C. towns, approximately 60 percent of the elderly population were under 75 years of age, while the remaining 40 percent were 75 years and over. Fifty-five percent of seniors were female and 45 percent were male. While Census data of the marital status of people aged 65 years and older in the 16 B.C. towns are not readily available, of all elderly Canadians in 1986, 56 percent were married, 33.6 percent were widowed, 8.2 percent were single and 2.2 percent were divorced. The Census also revealed that there were gender differences in the proportion of elders in each of the categories of marital status. Of Canadians 65 years and older, 76.6 percent of males and 56.0 percent of females were married.

In terms of age, gender and marital status, the sample of elderly surveyed is representative of what was reported by the 1986 Census (see Tables 4.2 and 4.3). Of significance is the group of older women who participated in the survey. Close to 80 percent of the females who were 75 years of age and over were non-married women, mainly widows.
### TABLE 4.2: AGE AND GENDER OF SURVEY RESPONDENTS AND TOTAL ELDERLY POPULATION IN 16 B.C. TOWNS.

<table>
<thead>
<tr>
<th>AGE (YEARS)</th>
<th>SURVEY RESPONDENTS (N = 130)*</th>
<th>GENDER</th>
<th>TOTAL 65+ POPULATION (N = 8518)**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FEMALE</td>
<td>MALE</td>
<td>TOTAL</td>
</tr>
<tr>
<td>65 - 74</td>
<td>57</td>
<td>33</td>
<td>90</td>
</tr>
<tr>
<td>75 and over</td>
<td>29</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>TOTAL</td>
<td>86</td>
<td>44</td>
<td>130</td>
</tr>
</tbody>
</table>

**1986 Census of Canada (Catalogue #94-119)

### TABLE 4.3: MARITAL STATUS OF SURVEY RESPONDENTS AND TOTAL ELDERLY POPULATION IN CANADA

<table>
<thead>
<tr>
<th>MARITAL STATUS</th>
<th>SURVEY RESPONDENTS (%)*</th>
<th>TL. 65+ POPULATION (%)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED</td>
<td>51.6</td>
<td>56</td>
</tr>
<tr>
<td>WIDOWED</td>
<td>37.5</td>
<td>33.6</td>
</tr>
<tr>
<td>SINGLE</td>
<td>3.9</td>
<td>8.2</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>7.0</td>
<td>2.2</td>
</tr>
</tbody>
</table>

**1986 Census of Canada
4.1.2. Income Levels

There was considerable variation in income levels reported by survey respondents. Forty percent of respondents had an annual household income of $11,000 and under, 31 percent had an income between $11,000 and $15,000, 9 percent had an income between $15,000 and $20,000 and 19 percent had an income over $20,000. The average annual household income of the seniors surveyed in the sixteen small B.C. towns was $15,381.00 and the median annual household income was $12,500.00. Neither the size of town nor the proportion of elderly in the town appeared to make a difference to the average annual household income of the town's elderly residents. The data did suggest, however, that the living arrangement of the respondent was related to their income (see Table 4.4).

<table>
<thead>
<tr>
<th>ANNUAL HOUSEHOLD INCOME ($)</th>
<th>LIVE WITH SPOUSE (N = 60)</th>
<th>LIVE ALONE (N = 54)</th>
<th>ALL SENIORS (N = 114)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>11,001 and under</td>
<td>8</td>
<td>13.3</td>
<td>39</td>
</tr>
<tr>
<td>11,001 - 15,000</td>
<td>28</td>
<td>46.7</td>
<td>7</td>
</tr>
<tr>
<td>15,001 - 20,000</td>
<td>9</td>
<td>15.0</td>
<td>3</td>
</tr>
<tr>
<td>20,001 and up</td>
<td>15</td>
<td>25.0</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130. The difference represents missing data.)
Elderly people who lived alone tended to be over represented in the low income categories as compared to elders who lived with their spouse. While 72 percent of all respondents that lived alone reported having an annual household income of $11,000.00 or less, only 13 percent of respondents that lived with a spouse reported having an income in this lowest category. Given the fact that the majority (84 percent) of people that lived alone were women, it can be assumed that elderly women who live alone are the group most at risk of experiencing problems resulting from having an insufficient income.

Regardless of age, insufficient income affects the quality of an individual's life. The Statistics Canada low income cut-off is the most widely used measure of poverty in Canada. Low income cut-off levels are selected on the basis that families or unattached individuals spend 58.5 percent or more of their income on food, shelter and clothing. The size of the area of residence and the size of the family are taken into consideration.

The 1986 low income cut-off for rural areas (these are defined as built-up areas with a population of under 1,000 and a population density of less than 400 people per square kilometre) was $8,065 for a one-person household and $10,933 for a two-person household. For larger towns, the low income cut-off was $9,266 for a one-person household and $12,561 for a two-person household (Statistics Canada, 1986). Based on 1987 rates, if a household's only source of income was the Old Age Security Pension and the Guaranteed Annual Income Supplement, their annual household income would be $8,999.64 if it is a one-person household and $13,627.92 if it is a two-person household. This information indicates that
depending on the size of the town, elderly people living in small towns in B.C.,
whose only source of income is the Old Age Pension and the Guaranteed Income
Supplement, are living either below or just above the poverty line. Using the
Statistics Canada criteria as the definition of poverty, 22% of the survey
respondents reported having a household income which was below the poverty
line.

4.1.3. Health Status

Health is another variable which affects the quality of a person’s life.
Unfortunately, aging is generally associated with some decline in health.

Research indicates that older people tend to accurately perceive their health
status (Lassey and Lassey, 1985). In order to determine the health status of the
seniors who participated in the survey, respondents were asked to rate their own
and their spouse’s health. According to these self-assessments, 70 percent of the
respondents rated their own health as being good or excellent, 27 percent rated it
as fair, and 4 percent said that they were in poor health. These figures closely
match those of other studies (Krout, 1986). The spouses of respondents were
assessed to be in slightly poorer health than the respondents (65 percent in good
or excellent health; 24 percent in fair health; 10 percent in poor or very poor
health).

When the health status of respondents and spouses is compared with age, it is
apparent that proportionately more seniors in the older age categories were in
fair or poor health than is the case in the younger age groups (see Table 4.5). While 26 percent of the respondents under the age of 75 were in fair or poor health, 40 percent of the seniors aged 75 and over were in fair or poor health. This same trend is evident when the health of the spouses was matched with their age. 32 percent of the spouses under the age of 75 and 44 percent of those 75 years and older, were in fair or poor health.

**TABLE 4.5: SELF ASSESSED HEALTH STATUS BY AGE OF ELDERLY RESPONDENTS AND SPOUSES TO THE SURVEY OF SENIORS IN 16 B.C. TOWNS.**

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th>AGE (YEARS)</th>
<th>RESPONDENTS</th>
<th>SPouses</th>
<th>RESPONDENTS</th>
<th>SPOUSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65 - 74</td>
<td>(N=88)</td>
<td>(N=50)</td>
<td>(N=40)</td>
<td>(N=16)</td>
</tr>
<tr>
<td></td>
<td>75+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>VERY POOR</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>2.0</td>
<td>0</td>
</tr>
<tr>
<td>POOR</td>
<td>2</td>
<td>2.3</td>
<td>5</td>
<td>10.0</td>
<td>3</td>
</tr>
<tr>
<td>FAIR</td>
<td>21</td>
<td>23.9</td>
<td>10</td>
<td>20.0</td>
<td>13</td>
</tr>
<tr>
<td>GOOD</td>
<td>51</td>
<td>58.0</td>
<td>26</td>
<td>52.0</td>
<td>23</td>
</tr>
<tr>
<td>EXCELLENT</td>
<td>14</td>
<td>15.9</td>
<td>8</td>
<td>16.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires which N = 130. The difference represents missing data.)
4.1.4. Housing Conditions and Living Arrangements

Difficulty affording or coping with the care and maintenance of one's home can seriously jeopardize independence. How the small town elderly are housed is, therefore, an important issue. In this section, the living arrangements, housing type, tenure and housing costs of respondents will be discussed.

Most small town seniors either live alone or with their spouse. Of the elderly that were surveyed in the B.C. towns, only two percent shared accommodation with people other than their spouse. Forty-four percent lived alone and 54 percent lived with their spouse.

Single-family detached houses are the most common type of dwelling unit inhabited by elders in small towns. Of the seniors surveyed, 68 percent lived in a detached house, 19 percent lived in an apartment, 10 percent lived in a mobile home and 4 percent lived in a townhouse. The high proportion of respondents living in mobile homes provides evidence of the fact that mobile homes are one of the viable alternatives to a house usually available in small towns.

In terms of tenancy, 79 percent of the seniors surveyed owned the accommodation they lived in (see Table 4.6). As one would expect, most of the renters were apartment dwellers (85 percent). 92 percent of persons living in apartments, 3.5 percent of persons living in houses and 7.7 percent of persons living in mobile homes rented their accommodation.
### TABLE 4.6: TENANCY BY HOUSING TYPE OF ELDERLY RESPONDENTS TO THE SURVEY OF SENIORS IN 16 B.C. TOWNS

<table>
<thead>
<tr>
<th>TENANCY</th>
<th>HOUSE</th>
<th>PRIVATE APT</th>
<th>SENIOR APT</th>
<th>MOBILE HOME</th>
<th>TOWNHOUSE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>RENT</td>
<td>3</td>
<td>2.3</td>
<td>6</td>
<td>4.7</td>
<td>17</td>
<td>13.2</td>
</tr>
<tr>
<td>OWN</td>
<td>83</td>
<td>64.3</td>
<td>2</td>
<td>1.6</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>86</td>
<td>66.6</td>
<td>8</td>
<td>6.3</td>
<td>17</td>
<td>13.2</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130. The difference represents missing data.)

### TABLE 4.7: ANNUAL HOUSEHOLD INCOME BY HOUSING TYPE OF ELDERLY RESPONDENTS TO THE SURVEY OF SENIORS IN 16 B.C. TOWNS

<table>
<thead>
<tr>
<th>ANNUAL HOUSEHOLD INCOME ($)</th>
<th>HOUSE</th>
<th>PRIVATE APT</th>
<th>SENIOR APT</th>
<th>MOBILE HOME</th>
<th>TOWNHOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,000 and less (n = 47)</td>
<td>27</td>
<td>57.4</td>
<td>4</td>
<td>8.5</td>
<td>11</td>
</tr>
<tr>
<td>11,001 and up (n = 67)</td>
<td>48</td>
<td>71.5</td>
<td>3</td>
<td>4.5</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130. The difference represents missing data.)
Of significance, is the high proportion of apartment dwellers in small towns who live in government subsidized apartments. In the sample of survey respondents, 68 percent of apartment dwellers were in subsidized units.

In terms of housing costs, of seniors that owned their home, 95 percent had no mortgage. For respondents who rented, the average monthly rent was $214.00. As far as other housing costs, the survey data indicated that there is considerable variation in the amount that small town seniors pay for their utilities. The average monthly payments for heat, electricity and property tax was $85.00.

An analysis of the data from the survey of seniors in the sixteen small B.C. towns indicates that income, age and marital status are variables related to housing. As well, the number of years an elder has lived in a community and the size of the town in which they live are also of significance.

Income is related to the type of dwelling unit an elderly person inhabits (see Table 4.7). The survey data indicate that of low income seniors (those with an annual income of $11,000.00 or less), 57.4 percent lived in a detached house, 23.4 percent lived in a subsidized senior apartment, 10.7 percent lived in a mobile home and 8.5 percent lived in a private rental apartment. In comparison, of seniors with an income above $11,000.00, 71.5 percent lived in a house, 9.0 percent lived in a subsidized senior apartment, 6.0 percent lived in a mobile home, 4.5 percent lived in a private rental apartment and 9.0 percent lived in a townhouse. These figures suggest that as income decreases, the proportion of
seniors living in subsidized senior apartments and mobile homes increases while, conversely, with increasing income, a larger proportion of seniors live in houses or townhouses.

Age is also related to the type of dwelling an elderly person lives in (see Table 4.8). In the older age cohort (75 years and over), proportionately fewer seniors lived in houses (60 percent) and more in apartments (27.5 percent), particularly seniors' apartments (20 percent) than in the under 75 age group. In the younger age cohort (under 75 years of age) there was a greater proportion of people in houses (70 percent) and fewer in apartments (15.6 percent), including subsidized senior apartments (10 percent) than was the case with those 75 years and over.

When marital status is related to housing, the survey data suggest that unmarried seniors are less likely to live in a house and more likely to live in a senior's apartment than are married seniors (see Table 4.9). Seventy-five percent of married elders lived in a house compared to 59 percent of non-married seniors. On the other hand, 8 percent of married seniors and 19 percent of unmarried seniors lived in a subsidized senior apartment.
### TABLE 4.8: Age by Housing Type of Elderly Respondents to the Survey of Seniors 16 B.C. Towns

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Housing Type</th>
<th>House</th>
<th>Priv. AP</th>
<th>Senior Apt</th>
<th>Mobile Home</th>
<th>Mobile Home</th>
<th>Townhouse</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 75 (N = 90)</td>
<td></td>
<td>63</td>
<td>70.0</td>
<td>5</td>
<td>5.6</td>
<td>9</td>
<td>10.0</td>
<td>9</td>
<td>10.0</td>
<td>4</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 and Over (N = 40)</td>
<td></td>
<td>24</td>
<td>60.0</td>
<td>3</td>
<td>7.5</td>
<td>8</td>
<td>20.0</td>
<td>4</td>
<td>10.0</td>
<td>1</td>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130.)

### TABLE 4.9: Marital Status by Housing Type of Elderly Respondents to the Survey of Seniors in 16 B.C. Towns

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Housing Type</th>
<th>House</th>
<th>Priv. AP</th>
<th>Senior Apt</th>
<th>Mobile Home</th>
<th>Mobile Home</th>
<th>Townhouse</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married (N = 66)</td>
<td></td>
<td>50</td>
<td>75.0</td>
<td>3</td>
<td>4.5</td>
<td>5</td>
<td>7.6</td>
<td>7</td>
<td>10.6</td>
<td>1</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Married* (N = 63)</td>
<td></td>
<td>37</td>
<td>58.8</td>
<td>5</td>
<td>7.9</td>
<td>12</td>
<td>19.0</td>
<td>5</td>
<td>7.9</td>
<td>4</td>
<td>6.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 'Not Married' indicates widowed, divorced, separated and never married.

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130. The difference represents missing data.)
From the analysis of the relationship of income, age and marital status to housing, some insight is gained as to the nature of the small town elders who live in subsidized senior apartments. The results of the survey indicate that not only low income, but also old age and being unmarried characterizes the residents of seniors’ apartments. This finding supports other studies which have concluded that financial concerns are not the only reason that elders choose to live in a senior apartment (Hodge 1984; Gutman 1980).

Another observation related to small town seniors’ housing is that the number of years a respondent has lived in a community can be related to the type of housing they inhabit. Of the total survey sample, only 20 percent of respondents had lived in their present community for five years or less, however, 60 percent of all apartment dwellers had lived in their present community for five years or less. This could indicate that the majority of elderly migrants to a small town do not choose to buy a house, but rather choose to rent an apartment. Of respondents who had lived in their town for five years or less, only 27 percent lived in a house as compared to the sample as a whole, in which 68 percent of the elders lived in a detached house.

While the proportion of elders in a town is not associated with the type of housing elders inhabit, the size of town is (see Table 4.10). In the larger towns (towns with a population of 2,500 or more) a smaller proportion of the seniors lived in houses (59 percent) as compared to in the smaller towns (79 percent). The reverse is true for apartments, particularly private rental apartments. In the larger towns, nine percent of the seniors lived in private rental apartments while
in the smaller towns, two percent lived in this type of accommodation. Significant differences are not apparent, however, in the proportion of elderly in senior apartments. These relationships between size of town and housing type suggest that in smaller towns there are fewer housing options available for the elderly. The importance of subsidized senior apartments in the smaller towns is made apparent by the fact that while, in the smaller towns, only two percent lived in private rental apartments, 12 percent lived in senior apartments.

<table>
<thead>
<tr>
<th>TOWN SIZE</th>
<th>HOUSING TYPE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOUSE</td>
<td>%</td>
<td>PRIVATE AP</td>
<td>%</td>
<td>SENIOR APT</td>
<td>%</td>
<td>MOBILE HOME</td>
</tr>
<tr>
<td>SMALL TOWN</td>
<td>41</td>
<td>78.8</td>
<td>1</td>
<td>1.9</td>
<td>6</td>
<td>11.5</td>
<td>4</td>
</tr>
<tr>
<td>(POP &lt; 2,500)</td>
<td>(N=52)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARGE TOWN</td>
<td>46</td>
<td>59.0</td>
<td>7</td>
<td>9.0</td>
<td>11</td>
<td>14.1</td>
<td>9</td>
</tr>
<tr>
<td>(POP ≥ 2,500)</td>
<td>(N=78)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130.)
4.1.5. Personal Mobility

Transportation is essential since it has an impact on the appropriateness of the location of people's housing, their access to health and social services and their participation in recreation and social activities.

The survey of the elderly in the 16 small B.C. towns provides some insight into the places seniors go, whether these places are located within their town or in another town and the transportation mode they use to get there (see Table 4.11).

The survey data indicate that the grocery store, family doctor, bank, drug store, social groups or clubs, clothing store, post office, visiting relatives, beauty or barber shop and restaurant are places where almost all the seniors living in small towns go. Not all services utilized by the survey respondents were provided in the town the respondent lived in, however. Specialist doctors, department stores, clothing stores and visiting relatives were services or places for which many small town seniors travelled to another town.

If the transportation modes used by the survey respondents to get to the 22 places listed on the questionnaire are added together, it is evident that 62 percent of all the responses were driving, 34 percent were walking, 2.7 percent were taking the bus, 1 percent were cycling and .3 percent were taking a taxi. These results indicate that driving and walking are the most common modes of transportation used by the small town elderly.
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>IN SAME TOWN</th>
<th>IN OTHER TOWN</th>
<th>TOTAL NUMBER USING SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Grocery Store</td>
<td>85</td>
<td>85.9</td>
<td>13</td>
</tr>
<tr>
<td>Family Doctor</td>
<td>77</td>
<td>77.8</td>
<td>19</td>
</tr>
<tr>
<td>Bank</td>
<td>89</td>
<td>89.9</td>
<td>7</td>
</tr>
<tr>
<td>Drug Store</td>
<td>81</td>
<td>81.8</td>
<td>13</td>
</tr>
<tr>
<td>Social Groups/Clubs</td>
<td>94</td>
<td>94.9</td>
<td>0</td>
</tr>
<tr>
<td>Clothing Store</td>
<td>50</td>
<td>50.5</td>
<td>40</td>
</tr>
<tr>
<td>Post Office</td>
<td>86</td>
<td>86.9</td>
<td>0</td>
</tr>
<tr>
<td>Visit Family/Relatives</td>
<td>38</td>
<td>38.4</td>
<td>39</td>
</tr>
<tr>
<td>Beauty/Barber Shop</td>
<td>63</td>
<td>63.6</td>
<td>14</td>
</tr>
<tr>
<td>Restaurant</td>
<td>72</td>
<td>72.7</td>
<td>4</td>
</tr>
<tr>
<td>Department Store</td>
<td>22</td>
<td>22.2</td>
<td>52</td>
</tr>
<tr>
<td>Visit Friends</td>
<td>69</td>
<td>69.7</td>
<td>3</td>
</tr>
<tr>
<td>Dentist</td>
<td>34</td>
<td>34.3</td>
<td>17</td>
</tr>
<tr>
<td>Specialist Doctor</td>
<td>14</td>
<td>14.1</td>
<td>37</td>
</tr>
<tr>
<td>Corner Variety Store</td>
<td>49</td>
<td>49.5</td>
<td>2</td>
</tr>
<tr>
<td>Church Services</td>
<td>45</td>
<td>45.6</td>
<td>4</td>
</tr>
<tr>
<td>Park</td>
<td>40</td>
<td>40.4</td>
<td>3</td>
</tr>
<tr>
<td>Entertainment</td>
<td>24</td>
<td>24.2</td>
<td>12</td>
</tr>
<tr>
<td>Library</td>
<td>30</td>
<td>30.3</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long questionnaire where N = 99.)
Of the seniors who participated in the survey, 73 percent owned a car. 70 percent of the respondents and 67 percent of their spouses were able to drive. The data suggest that age, gender and income are related to car ownership and ability to drive.

With increasing age, seniors are less likely to drive. Seventy-eight percent of elders under the age of 75 could drive, as compared to 44 percent of those 75 years and older were able to drive (see Table 4.12).

<table>
<thead>
<tr>
<th></th>
<th>UNDER 75 YEARS</th>
<th>75 YEARS AND OVER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N = 81)</td>
<td>(N = 34)</td>
<td>(N=115)</td>
</tr>
<tr>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>DRIVERS</td>
<td>63</td>
<td>77.8</td>
<td>15</td>
</tr>
<tr>
<td>NON-DRIVERS</td>
<td>18</td>
<td>22.2</td>
<td>19</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where \( N = 130 \). The difference represents missing data.)
Another related variable is the elderly person’s gender. Ninety-five percent of male respondents could drive, as compared to 52 percent of female respondents were able to drive (see Table 4.13).

<table>
<thead>
<tr>
<th></th>
<th>MALE (N=40)</th>
<th></th>
<th>FEMALE (N=75)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>DRIVERS</td>
<td>38</td>
<td>95.0</td>
<td>39</td>
<td>52.0</td>
</tr>
<tr>
<td>NON-DRIVERS</td>
<td>2</td>
<td>5.0</td>
<td>36</td>
<td>48.0</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130. The difference represents missing data.)
Income is a third variable related to mobility (see Table 4.14). The data indicate that the higher a household's income, the more likely that household was to own a car. Ninety-one percent of the respondents in the highest income category (annual household income of over $15,000.00) owned a car, as compared to 35 percent in the lowest income category (annual household income of $8,000.00 or less). Sixty-three percent of respondents with an annual income of $8,001.00 to $11,000.00 and 82 percent of seniors with an income of $11,001.00 to 15,000.00 owned a car.

<table>
<thead>
<tr>
<th>CAR OWNERSHIP</th>
<th>ANNUAL HOUSEHOLD INCOME ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UP TO 8,000</td>
</tr>
<tr>
<td></td>
<td>(N = 23)</td>
</tr>
<tr>
<td>OWN CAR</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>34.8</td>
</tr>
<tr>
<td>DO NOT OWN CAR</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>65.2</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130. The difference represents missing data.)
4.2. NEEDS OF THE SMALL TOWN ELDERLY

The results of the seniors' survey provide information about the needs of elders living in small towns in B.C. Housing and transportation related needs emerged as the predominant concerns expressed by the respondents.

4.2.1. Housing Needs

Affording and coping with the maintenance of one's home were the two types of housing needs which were addressed by the questions on the seniors' survey.

4.2.1.1. Affordability

According to C.M.H.C's definition, housing is considered affordable if 30 percent or less of a household's income is spent on shelter costs. Based on this criterion, of the seniors surveyed in the 16 small B.C. towns, 35 percent lived in unaffordable housing.

As one would expect, the survey data indicated that the lower an elderly person's annual household income, the more likely they are to experience problems with affordability. Forty-seven percent of the respondents who had an annual household income of $8,000.00 or less spent 30 percent or more of their income on shelter, as compared to 39 percent of respondents whose annual household income was between $8,000.00 and $11,000.00, 31 percent of respondents whose annual household income was between $11,000.00 and
$15,000.00 and one percent of those whose annual household income was over
$15,000.00. Most of the seniors in unaffordable housing lived in detached houses
or mobile homes. Since the rents in government subsidized senior apartment units
are set at levels that are affordable (rents never exceed 30 percent of the
residents' income), none of the tenants in these units had problems with
affordability.

While 35 percent of the seniors who participated in the study lived in housing
that is considered unaffordable, only nine percent of respondents reported
experiencing difficulty in meeting their housing costs. Coping with the care and
maintenance of one's home, rather than affordability, was the main housing
concern expressed by the elderly living in the 16 small B.C. towns.

4.2.1.2. Coping

Coping with the maintenance of the inside and outside of their homes was
reported to be a problem for a significant proportion of the respondents.
Twenty-two percent of the seniors surveyed reported that there were aspects
inside their home that they found difficult to cope with, while 41.9 percent
reported that there were aspects of the outside of their home that they found
difficult to cope with.

Of the seniors who reported having difficulty coping with tasks inside their home,
50 percent said they had problems with housework, while the other 50 percent
said that doing repairs was problematic. The outside tasks which the elderly
reported to have difficulty with were yardwork (69 percent), repairs (23 percent) and snow removal (8 percent).

The data from the seniors' survey suggest that problems coping with the care and maintenance of one's housing is related to the type of housing in which an elder lives, as well as to their age and health.

Proportionately, more elders living in houses and mobile homes experienced difficulty coping as compared to elders living in apartments (see Table 4.15). Of seniors living in detached houses, 54 percent reported having difficulty coping with outside tasks and 29 percent reported problems with inside tasks. The proportion of mobile home dwellers who reported difficulties was similar. Thirty-nine percent had problems with outside tasks and 23 percent had problems with inside tasks. Very few of the seniors living in apartments, on the other hand, reported having difficulty taking care of their home. While none of the seniors living in apartments reported having difficulties with inside tasks, 8 percent had problems with outside chores.
<table>
<thead>
<tr>
<th>HOUSING TYPE</th>
<th>PROBLEMS COPING WITH INSIDE TASKS</th>
<th>PROBLEMS COPING WITH OUTSIDE TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>HOUSE (N = 87)</td>
<td>25</td>
<td>28.7</td>
</tr>
<tr>
<td>PRIVATE APARTMENT (N = 8)</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>SENIOR APARTMENT (N = 17)</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>MOBILE HOME (N = 13)</td>
<td>3</td>
<td>23.1</td>
</tr>
<tr>
<td>TOWNHOUSE (N = 5)</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130.)
As one would expect, the survey data indicate that with increasing age elderly people are more likely to experience difficulties coping with the maintenance of their home. While age and difficulty coping with inside tasks did not appear to be related, the data did suggest a relationship between age and coping with outside tasks. Of the respondents who lived in detached houses, 45 percent of respondents under the age of 75 reported problems coping with outside tasks, while 80 percent of those 75 years and over had difficulties.

In terms of health, the survey results indicate that there is a correlation between health status and ability to cope with household tasks. Of seniors who lived in houses or mobile homes, 46 percent of those in poor or fair health reported difficulties coping with inside tasks, while only 22 percent of those in good or excellent health found these tasks problematic. Likewise, 76 percent of people in poor or fair health who lived in houses reported problems with outside tasks, while 48 percent of those in good or excellent health said they found these tasks difficult.

The data from the survey of elderly in sixteen small towns in B.C. indicated, therefore, that coping with the tasks associated with maintaining a home was a concern to a significant proportion of the respondents who lived in detached houses and mobile homes.
4.2.1.3. Plans to Move

The dissatisfaction of some of the respondents with their housing is reflected in their desire to move. In the sample of seniors surveyed, 20.5 percent of the respondents reported that they had plans to move from their present home. Twenty-five percent of all the seniors that lived in a house, 25 percent of all the seniors that lived in a mobile home and 8 percent of all the seniors that lived in an apartment had plans to move.

Of those planning to move, only 16 percent said specifically that they were planning to move because their home was too big. Most said they were planning to move due to health problems (34 percent) or to be better located with respect to services (34 percent) and family (8 percent). However, when these same seniors were asked about the type of accommodation they would seek, 70 percent of them planned to move into an apartment of some kind. Forty-two percent were interested in moving into a seniors' apartment, 27.3 percent were interested in a private apartment, 24.2 percent were interested in a house and 3 percent were planning to move into a care facility.

While similar proportions of the elderly population in the larger and smaller towns reported having plans to move, of those in the smaller towns only 12.5 percent intended to seek accommodation in the same town, as compared to 76.9 percent of those in the larger towns intended to remain in the same town. The data did not indicate, however, that there is a relationship between the proportion of elderly in a small town and seniors' plans to move.
In terms of housing, then, affordability and coping with the care and maintenance of one's home were the two housing related concerns expressed by the small town elderly. While a significant proportion of the survey respondents lived in housing that is considered unaffordable, it was the problem of coping with tasks both inside and outside the home which most concerned the survey respondents.

The seniors with housing needs, for the most part, lived in detached houses or mobile homes. While the majority of small town elders live in houses, the desirability of apartments is evident in the fact that of respondents who had plans to move, most hoped to move into an apartment, rather than a house.

4.2.2. Transportation Needs

When the survey participants were asked what they disliked about living in a small town, transportation was reported to be a problem by more people than any other aspect of living in a small town (31 percent of all responses). In other words, transportation was cited as a negative aspect associated with living in a small town by more people than was the lack of housing, shopping or even medical services.

As discussed previously in this chapter, transportation both within their own town and to other towns in the area as well, is essential in order for elders living in small towns to obtain the services they need. Since driving is the most commonly used mode of transport by small town seniors and since in most small
towns public transportation services are not available, elders who do not have access to a car are likely to experience difficulties with mobility. In this thesis, elders who lived in a household which did not own a car were considered to be transportation disadvantaged. (It should be recognized, that there are other possible ways of defining transportation disadvantaged elders. For instance, elders who cannot drive or whose driving is restricted to daylight hours or off highway driving could also be classified as transportation disadvantaged.) The question, then, is how many elderly residents have a problem with transportation and who are these transportation disadvantaged seniors?

In the sample of seniors surveyed, 26 percent of the respondents can be considered to be transportation disadvantaged since this proportion of the elderly lived in a household which did not own a car. Old age, low income and being female characterized many of the transportation disadvantaged seniors. These are the same characteristics that are associated with widowed women. In fact, roughly 60 percent of the transportation disadvantaged persons were widowed women. (42 percent of all unmarried women were transportation disadvantaged.)

As well as elders who are already experiencing difficulties with mobility, there were seniors at risk of having problems in the future. In total, 32 percent of the seniors involved in the study were unable to drive. All of these non-drivers were not necessarily transportation disadvantaged, however, since some had spouses who drove.

When discussing the issue of mobility, the importance of walking as a mode of
transportation should not be overlooked. As mentioned previously, next to driving, walking was the most commonly used transportation mode by the survey respondents. Variables such as the location of senior housing and the presence or absence of sidewalks and crosswalks can have an effect on the viability of walking as a mode of transportation for the elderly in a small town. It is significant to note that when respondents were asked to list suggestions for municipal improvements, the most frequently cited improvement related to walking. Twenty percent of respondents suggested improving the town’s sidewalks and crosswalks.

Housing and transportation needs were the main concerns expressed by the respondents to the survey of the elderly in sixteen small B.C. towns. These needs are reflected in the fact that the services which the elderly respondents said would enable them to stay in their homes were home maintenance services (44.6 percent), home-maker services (39.2 percent) and transportation services (33.1 percent).

4.3. MEETING THE NEEDS OF SMALL TOWN SENIORS

The results from the seniors’ survey, then, indicate that housing and transportation needs exist amongst the small town elderly. How these needs are met in the small town environment is the next issue to be addressed.
4.3.1. Characteristics of the Elderly Who Receive Help

In total, 43 percent of the seniors surveyed in the sixteen small B.C. towns received some type of service or assistance. An examination of the characteristics of the respondents who received assistance indicates that health, marital status and length of time that an elder has lived in a community are related to whether they receive help.

The data suggest that there is a relationship between whether a senior receives assistance and their health status. Of the respondents who assessed their health as poor or fair, 56 percent received help while only 35 percent of the seniors who assessed their health as good or excellent received help.

According to the survey data, gender is not related to whether or not a senior receives help, however, marital status is. The data suggests that married people are less likely to receive help as compared to those who are not married. Of the married people surveyed, only 35 percent received any sort of assistance while of those who were not married, 52 percent received help. The presence of a second person in the household, coupled with the fact that unmarried people are generally older than married people explains this relationship between marital status and need for assistance.

The length of time a senior has lived in the community can also be an indication of how likely they are to receive help. The data from the B.C. towns suggests that the longer a person has lived in a town, the greater is their
chance of receiving assistance. While only 17 percent of all seniors who had lived in their town for 5 years or less received help, 36 percent of seniors who have lived for 5 to 10 years, 70 percent of those who have resided in the town for 10 to 15 years and 100 percent of the seniors who have lived in the town for over 15 years received help. This is due largely to the younger ages of recent retirees.

Neither the size of town nor the proportion of elderly in a town appeared to make a significant difference to the proportion of seniors in a small town who received help.

4.3.2. Type of Help Received

Home maintenance and transportation services were the most common types of help received by the elders. Twenty-three percent of the respondents received help with housework, 15.2 percent received help with yardwork, 15.2 percent received transportation services, 9.1 percent received help with home repairs, 4.0 percent received help with snow removal and 4.0 percent received personal care services.

4.3.3. Sources of Elderly Support

An examination of who provided assistance to the elderly living in the sixteen small B.C. towns indicates that both informal and formal sources were involved (see Table 4.16).
TABLE 4.16: SOURCES OF SUPPORT BY THE TYPES OF ASSISTANCE PROVIDED TO ELDERLY RESPONDENTS TO THE SURVEY OF SENIORS IN 16 B.C. TOWNS

<table>
<thead>
<tr>
<th>SOURCES OF SUPPORT</th>
<th>TYPES OF ASSISTANCE (# OF ELDERLY WHO RECEIVE ASSISTANCE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOUSE</td>
</tr>
<tr>
<td>FORMAL SOURCES</td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td>13</td>
</tr>
<tr>
<td>Homecare Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Community Service</td>
<td>1</td>
</tr>
<tr>
<td>Student</td>
<td>4</td>
</tr>
<tr>
<td>Local Business/Trad</td>
<td>9</td>
</tr>
<tr>
<td>Volunteer</td>
<td>2</td>
</tr>
<tr>
<td>INFORMAL SOURCES</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>1</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>2</td>
</tr>
<tr>
<td>Friends</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23</td>
</tr>
</tbody>
</table>

Source: Field Survey, 1987. (These data come from the long and short questionnaires where N = 130. The difference represents respondents who did not receive assistance.)
4.3.3.1. Formal Sources

Fifty-seven percent of all assistance provided to the elderly came from the formal sector. However, in the smaller towns (40 percent) and in those with a low percentage of elderly (36 percent), the data suggests that there was less reliance on formal sources of support.

Formal sources of support to the elderly included homecare nurses, homemakers, community service agencies, students, tradespersons, local businesses and volunteers.

Help with housework and home repairs were the types of assistance which more elderly respondents obtained from the formal sector as opposed to from the informal sector. Of all seniors who received help with housekeeping, 96 percent received the help from formal sources. Likewise, 71 percent of respondents who received help with home repairs were assisted by formal sources of support.

4.3.3.2. Informal Sources

The survey data provide some indication of the significance of the informal sector in the provision of services to the elderly. The elders may in fact have received even more help from the informal sector than was recorded on the questionnaire, as informal sources of support may have been overlooked when respondents reported the services they received. Children, other relatives and friends were, however, responsible for providing 43 percent of the assistance that the elderly respondents reported receiving. In the smaller towns (60 percent) and in those
with a low proportion of elderly (63 percent), there was more use made of informal supports as compared to formal sources of support. Transportation, shopping, personal care, visiting and cutting wood were the types of assistance which more respondents obtained from informal sources rather than from formal sources of support.

Clearly, children are a significant source of support to elderly persons. Of the seniors surveyed in the B.C. small towns, 16 percent received help from their children. In fact, 3 percent of the survey respondents reported that their children visited them daily. The type of services that the children of the elderly respondents provided included housework (1 percent), shopping (2 percent), home repairs (2 percent), yardwork (2 percent), transportation (4 percent) and personal care (3 percent). It is important to note that while 93 percent of the seniors who participated in the survey had children, only half of these (53 percent) had at least one child in the same town or area. Naturally, in order to provide regular assistance to their aged parents, children must live in the same area as their parents. One cannot presume, therefore, that all elderly persons can rely on their children to assist them.

Friends and relatives other than children provided the elderly respondents with help with transportation (7 percent) and yardwork (8 percent).
4.3.4. Effectiveness of the Present System

While many of the elders who participated in the seniors' survey reported that they received assistance with tasks that enabled them to maintain their independence, whether all the elders who indicated that they were in need of assistance were in fact receiving help is the next issue to be addressed.

A rough estimate of unmet need can be derived from the survey data by comparing the proportion of respondents who reported experiencing difficulties, with the proportion of respondents who received help (see Table 4.17). For example, 13.8 percent of the elderly respondents reported that they had difficulty coping with housework while 23.2 percent of respondents reported that they received help with housework. This comparison would indicate that, in general, there is no unmet need for home-maker services. There does, however, appear to be an unmet need for help with home repairs, yardwork and transportation. Twenty-seven percent of respondents reported having difficulties with home repairs and only 7.1 percent received assistance with repairs. Likewise, 39.2 percent of the elderly could not cope with yardwork and only 16.2 percent received assistance with maintaining their yards. Finally, 26.2 percent of respondents lived in a household in which there was no car and only 15.2 percent of respondents received help with transportation.
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>REPORTED DIFFICULTY (N = 130)</th>
<th>RECEIVED HELP (N = 99)</th>
<th>UNMET NEED (% reported difficulty - % that received help)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>HOUSEWORK</td>
<td>18</td>
<td>13.8</td>
<td>23</td>
</tr>
<tr>
<td>HOME REPAIRS</td>
<td>35</td>
<td>26.9</td>
<td>7</td>
</tr>
<tr>
<td>YARDWORK</td>
<td>51</td>
<td>39.2</td>
<td>16</td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>34</td>
<td>26.2</td>
<td>15</td>
</tr>
</tbody>
</table>

There are three possible explanations for why the elderly living in small towns in B.C. do not receive the services they need:

1. The services they need may not exist in their community.
2. The programs which do exist may not respond effectively to the needs of the elderly in the small town.
3. The seniors may not know that the services they need actually exist in their town.

In Chapter Five the availability of community-based services in the sixteen small B.C. towns which were examined in the study will be discussed. From the results of the seniors’ survey, however, the perception of the elderly of the availability and effectiveness of community-based services for the elderly in their small town can be explored.

When the seniors who participated in the survey were asked how many services there were in their town to provide help and support for elderly people, approximately half of the survey respondents felt their town had either a fair number or a great number of services for the elderly, while the other half thought their town had a small number, very few or no services at all for the elderly.

The average number of services or agencies available to provide help to seniors, which were listed by the survey respondents, was 2.2. Elders in the smaller towns, on average, listed 1.9 services, while elders in the larger towns listed an average of 2.3 services. As well, while seniors living in towns with a low
proportion of elderly listed an average of 1.9 services, seniors living in towns with a high proportion of seniors listed an average of 2.3 services. From the inventory of services and facilities provided by municipal officials and care-givers in the sixteen small B.C. towns (see Chapter Five), it is apparent that in fact the average number of agencies providing services to the elderly is 6.7 per town. In the smaller towns the average is 5.3 and in the larger towns the average is 8. As well, there are differences in the number of services available depending on the proportion of elders in the town. In towns with a low proportion of elders, the average number of services was 5.8, while in towns with a high proportion of elders the average was 7.6 services per town.

It is interesting to note which services the survey respondents identified when asked to list the services and agencies available to seniors in their town. In total, 20 types of services or agencies were identified. Home-makers, meals-on-wheels and home care nursing were the three services which were listed by the greatest number of senior respondents. 53 percent of all respondents mentioned home-maker services, 37.7 percent mentioned meals-on-wheels and 23.1 percent mentioned home care nursing. Actual care facilities for the elderly were identified by only 5.4 percent of respondents.

In terms of specific services which the elderly reported having difficulty accessing, getting help with household tasks was identified as a problem. When respondents were asked what issues were of concern to them in relation to the maintenance and repair of their home one of the most frequently expressed concerns was getting help (19 percent). Getting help appeared to be more problematic, however,
for seniors in smaller towns (23.9 percent), than it was for elders living in larger towns (15.1 percent).

As well as the problem of finding someone to provide home maintenance services, being able to afford the cost of paying for such services may also be a concern. While some services, such as homemaker services, are subsidized by the provincial government, others, such as handyman or yardwork services, are not (except for Veterans who are eligible to receive these services from the Department of Veterans Affairs). Low income seniors, then, living in small towns may be at risk of being unable to purchase the services they require to remain independent.

The seniors’ survey asked respondents how much they could afford to pay for the services they might need. Fifty-four percent of respondents said that they could not afford to pay over $10 a week for services, 29 percent stated that they could afford to pay up to $25 a week, 12 percent could afford up to $50 a week and 6 percent could afford more than $50 a week. When the amount the respondents could afford to pay is compared with their income, it is evident that until a respondent has an annual household income of $15,000 or more (28 percent of respondents), the majority (75 percent) said they could not afford to pay over $10 weekly for services.

In terms of services, then, almost half of the elders surveyed in the sixteen small B.C. towns received assistance from either formal or informal sources. Not all seniors who expressed a need for help were receiving it, however. Elders who
required assistance with home repairs, yardwork and transportation were particularly likely to not be receiving the help they needed. As well, the survey indicated that the small town elderly were generally not aware of all the services that existed for them in their community. Finally, attention was drawn to the fact that seniors, for the most part, could not afford to purchase the services they require from the private market.

4.4. SMALL TOWNS AS A CHOICE OF RESIDENCE

In spite of the fact that urban centres, such as Vancouver and Victoria, have more services and housing alternatives, many elderly are choosing to age in small B.C. towns. The responses obtained from a few of the questions on the seniors' survey provide an insight into the question of why seniors are making this choice.

4.4.1. Reasons for Residence

Before moving to their community, respondents had lived in a variety of settings. About 43 percent of the seniors had lived in the same region while 36 percent came from elsewhere in the province. Half of the seniors who had come from elsewhere in the province had moved from an urban area. Twenty-one percent of all survey respondents had come from outside the province.

The seniors had moved to their small town for a variety of reasons. Twenty-two percent had moved to the town for employment, while fourteen percent stated
that they had moved to the town to retire. Among the reasons given by the other 64 percent were friends and relatives lived there (16 percent), they liked the town (10 percent), the climate was attractive (11 percent), health reasons (7 percent), the lower cost of living (6 percent) and because of the amenities the town offered (6 percent). It is important to note that the majority of seniors chose to live in their small town for reasons relating to one's quality of life, rather than for economic reasons.

4.4.2. Duration of Residence

Results from the survey of elderly in sixteen small B.C. towns indicate that the small town elderly are both aging in place, that is they are continuing to live in the community where they lived before retirement, as well as migrating to the small town upon retirement.

There was a range of 73 years in the number of years that the elderly respondents had lived in their town. The average number of years was 17.5 years and the median number of years was 12 years. Twenty-three percent of the respondents can be described as newcomers to the town, as they had lived there for less than 5 years.

4.4.3. Elderly Migrants

Recent Canadian Census data indicate that B.C. small towns have above-average rates of elderly in-migrants. In the 1976 to 1981 period, for example, 15.4
percent of small town elders moved into a new community (Hodge, 1987).

Elderly people who have lived in their present community for under 5 years were evident in almost all of the sixteen towns involved in the seniors' survey. While size of town did not appear to be related to the in-migration of the elderly, the proportion of elderly in the town did. In towns which have a high proportion of elderly, the average number of years that elders had lived in the town was 12.6 years, as compared to towns with a low proportion of elders where the average number of years that elders had lived in the town was 21.9 years. This finding suggests that small towns which have a high proportion of elderly people are generally places where elders choose to migrate to, as opposed to being communities in which most elders have aged in place.

A further examination of the newcomers (elders who have lived in their present community for under five years) to small B.C. towns reveals that 45 percent of these elderly newcomers to small B.C. towns came from a location which was in the same area. Presumably, these people lived in the surrounding countryside or another smaller town and moved into the town due to the amenities the community offered. Twenty-two percent of the seniors who have lived in their town for under 5 years came from another rural area of the province, while 22 percent came from an urban area of B.C. Eleven percent of the recent arrivals to the small towns came from out of the province. These figures resemble census data of the origins of elderly in-migrants to small towns in Canada during the 1976 to 1981 period (Hodge, 1987).
An interesting fact about the seniors who had lived in their community for 5 years or less, is that amongst this group there were proportionately less people in the older age cohorts. Forty percent of the seniors surveyed who had lived in their present community for over 20 years were 75 years of age and older, compared with 23 percent of those who had been there for 5 years and under. These figures suggest that seniors who migrate tend to be younger seniors, as Northcott (1988) and others have observed.

4.4.4. Advantages and Disadvantages

How seniors living in small towns feel about living in such an environment was explored in questions on the survey which asked the respondents what they liked and disliked about living in a small town. Almost twice as many positive aspects of small town living were mentioned, as compared with negative aspects. In fact, 20 percent of respondents said there were no problems associated with living in a small town.

From the 83 seniors who responded to the question asking what they liked about living in a small town, 218 reasons emerged. The friendliness, sense of community, and neighbourliness of a small town were clearly the most frequently mentioned positive aspects that seniors associated with living in a small town. Almost half (47 percent) of all responses fitted into this category. The natural environment and climate (16 percent), the slow pace of life in the country (14 percent), the facilities and the physical proximity of these facilities (14 percent), the low cost of living (6 percent) and safety (3 percent) were also given as
reasons why seniors enjoyed living in a small town.

The lack of facilities and services was, overwhelmingly, the aspect of living in a small town that seniors disliked (91 percent of all responses). The lack of transportation services appears to be particularly problematic (38 percent of responses). Only a few people mentioned the lack of privacy (5 percent) or the isolation (2 percent) as something they disliked about living in a small town.

Perhaps the most telling indication of a person's attachment to their community is their unwillingness to move from it. When the seniors surveyed were asked if they had to move from their present home where would they go, 60.5 percent stated that they would remain in the same town, while a further 16.5 percent said they would remain in the area. Twenty percent would move elsewhere in B.C. and 2.8 percent would move elsewhere in Canada.

4.5. OVERVIEW OF FINDINGS FROM THE SURVEY OF ELDERLY

In spite of the fact that the towns were located in several regions of the province, were of varying sizes and had both high and low proportions of their population that were sixty-five years of age and over, common needs were expressed by the elderly residents in the sixteen towns. The need for support services, housing and transportation services were identified as crucial to enabling persons to maintain their independence. A strong interdependence between the support service, housing and transportation related needs of elders was apparent. The need for support services to assist elders in maintaining their homes and
the need for apartments exemplifies this interdependence.

The majority of small town seniors live in detached houses. Coping with the housework, yardwork and repairs on a house is difficult for many elderly people, particularly with increasing age or, in the case of many women, when their spouse dies. Apartments, on the other hand, require less maintenance, and so are a more appropriate form of housing for many elderly people. While the survey indicated that the present level of home support services, particularly home repair and yardwork services, are inadequate in responding to the needs of elderly persons living in houses, moving to an apartment is often not a viable alternative since apartments are typically in short supply in small towns.

Likewise, the interdependence between transportation and services was evident. Typically, rural elders utilize services which are located both within their town and in other towns in the region. Transportation, therefore, is necessary to access services. Since there is generally no public transportation system in a small town, if a senior does not drive themselves or have someone who is willing and available to drive them, they are likely to experience difficulties in acquiring the services they need. As well as having a detrimental effect on service utilization, a lack of access to transportation also affects housing choices. Without transportation, an elderly person may require housing that is within walking distance of services.
CHAPTER 5. COMMUNITY-BASED SERVICES FOR THE ELDERLY IN SMALL TOWNS: THE PRESENT PICTURE

In this chapter the small town environment will be examined. Based on information provided by municipal officials and care-givers in the sixteen small B.C. towns, an inventory of the services and facilities available to the elderly will be described. As well, the perceptions of local government officials and care-givers on the effectiveness of their services in addressing the needs of elders will be discussed. The obstacles which prevent the provision of services in small towns will also be examined. And, finally, the role of the local community in responding to the needs of the elderly will be discussed.

5.1. PRESENT AVAILABILITY OF SERVICES

In general, the number of services and facilities available to the small town elder is related to the size of the community in which they live. Typically, as the size of the community increases, the number of services available locally also tends to increase. This tendency was evident in B.C. towns in terms of health facilities, social services, housing options and transportation services. The present availability of services for the elderly in B.C. small towns is discussed below.
TABLE 5.1: HEALTH AND CARE FACILITIES AVAILABLE IN 16 B.C. TOWNS

<table>
<thead>
<tr>
<th>TOWNS</th>
<th>HOSPITAL CENTRE</th>
<th>DIAGNOSTIC CENTRE</th>
<th>EXTENDED CARE (#BEDS)</th>
<th>INTERMEDIATE CARE (#BEDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMALLER TOWNS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slocan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harrison Hot Springs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keremeos</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaslo</td>
<td></td>
<td>X</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sechelt</td>
<td></td>
<td>X</td>
<td>22</td>
<td>50</td>
</tr>
<tr>
<td>Cumberland</td>
<td></td>
<td>X</td>
<td></td>
<td>75</td>
</tr>
<tr>
<td>Lake Cowichan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARGER TOWNS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gibsons</td>
<td></td>
<td></td>
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<td>36</td>
</tr>
<tr>
<td>Princeton</td>
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<td>X</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Agassiz</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creston</td>
<td></td>
<td>X</td>
<td>20</td>
<td>*</td>
</tr>
<tr>
<td>Rossland</td>
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<td></td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Parksville</td>
<td></td>
<td></td>
<td>55</td>
<td>109</td>
</tr>
<tr>
<td>Comox</td>
<td></td>
<td>X</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Summerland</td>
<td></td>
<td>X</td>
<td>50</td>
<td>113</td>
</tr>
</tbody>
</table>

* Creston has intermediate care facilities, the number of beds is not known.
TABLE 5.2: SUPPORT SERVICES AND COMMUNITY SERVICE CENTRES AVAILABLE IN 16 B.C. TOWNS

<table>
<thead>
<tr>
<th>TOWNS</th>
<th>HOME CARE</th>
<th>HOME MAKER/HOME SUPPRT</th>
<th>MEALS ON WHEELS</th>
<th>ADULT DAY CARE</th>
<th>COMMUNITY SERVICES CENTRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMALLER TOWNS</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Slocan</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harrison Hot Springs</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>Midway</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keremeos</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Kaslo</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sechelt</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cumberland</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Lake Cowichan</td>
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<td></td>
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</tr>
<tr>
<td>Gibsons</td>
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<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Princeton</td>
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<td>X</td>
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<tr>
<td>Agassiz</td>
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<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Creston</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rossland</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parksville</td>
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<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Comox</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Summerland</td>
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<tr>
<td>TOTAL</td>
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### TABLE 5.3: APARTMENTS AVAILABLE IN 16 B.C. TOWNS

<table>
<thead>
<tr>
<th>TOWNS</th>
<th>SUBSIDIZED SENIOR APTS (# OF UNITS)</th>
<th>PRIVATE RENTAL APARTMENTS (# OF UNITS)</th>
<th>WAITING LIST FOR SENIOR APTS</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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</tr>
<tr>
<td>Harrison Hot Springs</td>
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<td>22</td>
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<td>Midway</td>
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</tr>
<tr>
<td>Keremeos</td>
<td>0</td>
<td>6</td>
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</tr>
<tr>
<td>Kaslo</td>
<td>10</td>
<td>4</td>
<td>8</td>
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<tr>
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<tr>
<td>Cumberland</td>
<td>28</td>
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<tr>
<td>Lake Cowichan</td>
<td>16</td>
<td>57</td>
<td>0</td>
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<tr>
<td>Summerland</td>
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<td>40</td>
<td>70</td>
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</table>

### TABLE 5.4: TRANSPORTATION SERVICES AVAILABLE IN 16 B.C. TOWNS

<table>
<thead>
<tr>
<th>TOWNS</th>
<th>PUBLIC BUS</th>
<th>TAXI</th>
<th>SENIORS/ COMMUNITY BUS</th>
<th>VOLUNTEER DRIVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SMALLER TOWNS</strong></td>
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<td></td>
</tr>
<tr>
<td>Slocan</td>
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<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harrison Hot Springs</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Midway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keremeos</td>
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</tr>
<tr>
<td>Kaslo</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sechelt</td>
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<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cumberland</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lake Cowichan</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>LARGER TOWNS</strong></td>
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</tr>
<tr>
<td>Gibsons</td>
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5.1.1. Health and Social Services

Small towns, by their very nature, lack many of the specialized medical and social services that are available in urban centres (see Tables 5.1 and 5.2). In terms of general medical facilities, only four of the larger towns and two of the smaller towns had a hospital. None of these hospitals, however, are regional hospitals, which means that for certain medical procedures, residents of these towns must go to a hospital located in a larger centre. Two of the towns, Keremeos and Cumberland, had a diagnostic centre. While not a hospital, diagnostic centres are a real bonus to a small town as they provide basic medical services and serve to lure medical professionals to the town. The diagnostic centre in Keremeos, for example, had two doctors, an emergency room, X-ray equipment and biweekly visits by a physiotherapist. In the smallest of the towns, medical facilities and services were limited. Neither Slocan nor Midway even had a resident doctor. While Slocan had a medical clinic which was open two days each week, Midway had no such facility.

Most medical services which are specifically for the elderly are part of the B.C. Ministry of Health's Long Term Care Program. Extended care, intermediate care, home care nursing, home support, meals-on-wheels and adult day care are included in the Long Term Care Program. The type and extent of services which are provided to an elderly person under the Program are determined through a single assessment. The Ministry of Health has established five care levels to describe individuals with similar types of health care needs. The five levels consist of three major groupings—extended care, intermediate care and personal
care. Persons assessed at the extended care level require the highest level of care. These people generally have severe chronic disabilities which require 24-hour professional nursing services in a facility. While extended care patients do not need all the resources of an acute care hospital, extended care units are very often attached to a hospital.

There are three categories of care levels included in intermediate care. All intermediate care clients require minimum professional care and supervision, however, those assessed at levels two and three are described as having more complex physical and behavioural problems and so require progressively more professional care. Most people assessed at the intermediate care level live in a facility.

While this study focussed on the independent elderly, and so did not examine the issues relating to the care of the elderly in institutions, it is important to note that the existence of intermediate and extended care facilities in a small town means that people who require such care are able to remain in their community. In the sixteen small towns studied, eight had intermediate care and eight had extended care. All of the extended care units were attached to acute care hospitals, except for the extended care facility in Rossland in which the acute care component of the hospital had been closed down. There were sixteen intermediate and extended care facilities in the towns studied. Twelve of the sixteen facilities were in the larger towns.

Personal care clients are the least dependent, as individuals in this category
require non-professional assistance with the performance of activities of daily living. At the inception of the provincial Long Term Care Program in 1978, a person assessed at the personal care level had the choice of living in a facility or staying in their own home and receiving home support services. This choice is no longer available and a facility placement is now only available when a person is assessed at a higher level. The community-based services offered to personal care clients include home care nursing, home support, meals-on-wheels and adult day care. All of the sixteen small B.C. towns provided some community-based services for the elderly assessed at the personal care level.

Home care nursing and home support were available in all the towns involved in the study. While home care nurses are provided directly by the Ministry of Health, homemakers are generally employees of a locally-based home support society which is funded by Long Term Care. Home care nurses visit the elderly in their homes. The services they provide include applying dressings, administering medications and personal care. Home-makers, on the other hand, assist the elderly with maintaining their homes. Under the guidelines set down by Long Term Care, home-makers can do light housekeeping, cooking, laundry and shopping for their elderly clients. (Home-makers will not do heavy housework or yardwork.)

A meals-on-wheels service existed in thirteen of the sixteen small towns. This service generally reflected community efforts on behalf of the elderly as, without exception, the service was organized locally. Most of the meals-on-wheels programs in the B.C. small towns had the meals prepared by a public facility,
in most cases the local hospital, and then delivered by volunteers. For very small towns, such as Slocan and Midway, the absence of a facility, such as a hospital or intermediate care facility, which could conveniently prepare meals for delivery, was one reason why these towns did not have a meals-on-wheels service. Keremeos, a small town which does not have a hospital or intermediate care facility, however, designed their senior’s centre so that space was available for the preparation of meals for a meals-on-wheels service. The meal service available to the elderly in Cumberland was different from the other towns as it was a wheels-to-meals program. In Cumberland, seniors were collected from their homes and served a hot meal at the diagnostic health centre. The wheels-to-meals program is intended to give the elderly people using the service the opportunity to socialize as well as providing them with a nutritious meal.

Adult Day Care, another support service for the elderly, was available in only five of the small towns studied. Adult Day Care is a service intended for frail elderly who are living in the community. The primary benefit of Adult Day Care is peer interaction and the respite provided to the care-giver. The Adult Day Care program provides personal assistance, supervision and an organized program of health, social and recreational activities. In most, but not all cases, the Adult Day Care programs in the B.C. small towns were run out of a care facility.

Both institutional facilities and community-based services, then, were evident in the small B.C. towns. However, while the institutional facilities tended to be only available in the larger towns, basic support services, such as home care nursing, home-makers, meals-on-wheels and adult day care were available in most small
towns, regardless of size.

5.1.2. Community Services

Four of the larger towns and two of the smaller towns had a community services agency. The primary function of a community services agency is to co-ordinate the various community-based health and social services in a town. While these agencies provide services for all age groups, for the elderly the community services may provide home makers, meals-on-wheels, transportation, as well as various counselling services.

5.1.3. Housing

In small towns in B.C., most of the elderly live in self-owned houses. However, alternative forms of housing are often needed or desired by elderly people. As the results of the senior survey indicated, with increasing age, the ability to cope with the inside and outside chores associated with home ownership, often become increasingly difficult. If an elderly person is unable to maintain her/his house, but wishes to remain living independently, his/her options are either to seek help in maintaining the home or to move into a more appropriate form of housing, in most cases an apartment. In the small towns in B.C., apartments were provided by both the public and private sector (see Table 5.3). While the number of units available varied from town to town, the smaller towns consistently had the fewest number of apartment units. In fact, Slocan, the smallest of the sixteen towns, had absolutely no apartments. On average, the smaller towns had 34
apartment units per town, while the larger towns had an average of 146 units per town.

5.1.3.1. Subsidized Senior Apartments

Government subsidized senior apartments generally represented a significant component of a small town's total apartment stock. In fact, in towns such as Kaslo, Sechelt, Gibsons and Summerland, the number of subsidized senior apartment units was greater than the total number of private rental apartments available. On average, however, in the smaller towns the subsidized units accounted for 34 percent of the total apartment stock, while in the larger towns they composed 23 percent of the total apartment stock. The actual number of subsidized senior apartment units in each town was an average of 24 in the smaller towns and an average of 33 in the larger towns. The smallest four towns which were involved in the study had no subsidized senior apartments.

When the number of subsidized senior apartment units that were available in the B.C. towns is compared to the number of people 65 years of age and over living in each of the towns, an interesting observation is made. It is apparent that in the smaller towns that have senior apartments, the average number of elderly people in the town per senior apartment unit was 12.7, as compared to in the larger towns where the average number per unit was 28.5. This finding implies that in the smaller towns, where there are senior apartments, senior apartments may be more readily available. In the majority of towns there were waiting lists for these senior apartments indicating that there is a demand for
this form of housing in both the smaller and larger small towns.

Non-market senior apartments are largely funded by Canada Mortgage and Housing Corporation (C.M.H.C.). The B.C. Ministry of Social Services and Housing, through B.C. Housing Management Commission (B.C.H.M.C), evaluates requests by non-profit societies for mortgage subsidy assistance in constructing housing units for low income seniors. Mortgage subsidies, which are received from C.M.H.C., are allocated by B.C.H.M.C. according to various criteria of need, including rental vacancy rates, rental rates and wait lists for existing subsidy housing. Proposals from non-profit groups in areas that meet the allocation are then judged on size, quality, location and the ability of the non-profit group to actually construct and operate a housing project. In all the small towns studied, service clubs, such as the Lions, Legion, Kiwanis or Rotary had been responsible for the development and on-going management of the senior housing.

From viewing the non-market senior housing that was present in twelve of the sixteen towns, a few general observations can be made about the planning and design of this form of housing. In the town of Kaslo, the ten units of senior housing have been well planned in terms of location. The housing is on the waterfront in the centre of town. Residents of the senior housing in Kaslo are, therefore, within walking distance of stores, recreational amenities and the senior's centre. Another positive feature of Kaslo's senior housing development is that the site is large enough that additional units can be added on in the future.
In several of the towns, the government-supplied senior citizen housing had been incorporated with other facilities and services for the elderly. Summerland is perhaps the best example of such overall planning of seniors' services. In Summerland, the senior housing, the intermediate care facility and the senior's centre are located side by side on a site in the centre of town. The intermediate care facility, Parkdale Lodge, has an adult day care program and provides the meals for the town's Meals-on-Wheels service. Incorporating senior housing into this type of co-ordinated plan of facilities and services makes the delivery of services efficient and effective. A person living in the senior housing in Summerland, for example, has easy access to the senior's centre as well as to services offered by the intermediate care facility, such as meals and personal care. Locating senior apartments next to a care facility is not favoured by all elderly, however.

5.1.3.2. Private Rental Apartments

In terms of private rental apartments, there was a considerable range in the number of units available in each of the sixteen B.C. small towns. The size of the town was an important indicator of the number of private rental apartments. In the smaller towns the average number of units was 23 per town, while in the larger towns the average number of units was 112 per town. When the number of private apartment units is related to the town population, however, it is apparent that the number of people per apartment unit in town is similar for the larger and smaller towns. In the smaller towns, the average number of town residents per apartment unit was 93, while in the larger towns the average
number of people per apartment unit was 103.

Size of population does not appear to be the only determinant of the number of private rental units in a small town. The location of the town also has an effect. Small towns in the interior regions of the province appear generally to have fewer private rental apartments than do towns in the Fraser Valley, Sunshine Coast or Vancouver Island. In Summerland, for example, the municipality estimated that there were only forty private rental units, while in Comox, a slightly smaller town, there were over 200 apartment units. Comox’s stock of private apartments offers the tenant a choice of unit ranging from a very basic apartment to a luxury unit.

While privately owned apartments are generally not plentiful in small towns, it is important to note that all the units that are available may not be appropriate for senior citizens. For example, the apartment building may be poorly located in terms of services, there may be too many stairs or the rent may be too high for a senior on a fixed income to afford. For the most part, the private market in small towns has not responded to the demand for rental units, private developers in some communities in B.C. are, however, beginning to develop condominiums for seniors. In Sechelt, Summerland and Creston, adult only condominiums have already been developed.

There are, therefore, limited housing options available to the elderly who live in small towns. Subsidized senior apartments, are, in most towns, the most viable alternative to a detached house. While most towns do have some private rental
apartment units, the number varies depending on the size of the town and the region of the province.

5.1.4. Transportation Services

The results of the seniors' survey clearly indicated that transportation is one of the primary concerns of the elderly in B.C.'s small towns. This concern is understandable considering the limited range of transportation alternatives usually available in a small town (See Table 5.4). Typically, small towns do not have a public transportation system. The small volume of people who would utilize the service means that a conventional type of bus system would need to be heavily subsidized. Public bus systems that do operate in small towns, then, generally run on a limited schedule. This was the case in the three towns, Cumberland, Gibsons and Rossland, that had a public bus service. In fact, the bus service in Cumberland consisted of a weekly trip. Due to the fact that only a few people ever used this bus in Cumberland, there were plans to discontinue the service.

Taxis are a transportation service available in many small towns. Of the towns involved in the study, six of the larger towns and three of the smaller towns had a taxi service. The high cost of using a taxi, however, does not always make it a viable transportation alternative for seniors to use on a regular basis.

A special senior's bus, also referred to as a community bus, was available in ten of the small towns. The size of the town does not appear to be an indicator of whether or not a town has such a service for the elderly, however.
Half of the smaller towns and half of the larger towns had a community bus. The service provided by these seniors' buses varied considerably from town to town.

The buses in Slocan and Kaslo provided a weekly service to Nelson. The Kaslo bus depended on a volunteer to drive, whereas the Slocan bus had a paid driver. In Lake Cowichan, the community bus was used to make deliveries for the meals-on-wheels program as well as being available to seniors for group outings. The seniors were required, however, to provide their own driver. The seniors' bus services in Comox, Princeton, Summerland, and the Sunshine Coast (Sechelt-Gibsons) are part of B.C. Transit's Paratransit Service. In these towns the bus system is subsidized by B.C. Transit. As well, either the municipality or the regional district contributes to the cost of providing the service. The service these four systems provided varied. The Sunshine Coast service only provided transportation to medical appointments. The Comox bus made a weekly trip into Courtenay. In Summerland, the bus was in operation from 7:00 a.m. to 5:00 p.m., Monday through Friday. The Summerland bus would not take seniors to do their shopping, however, since when the service was started ten years ago the local taxi company was promised that the 'HandiDart' would not compete with their business. Princeton's bus service was the most comprehensive bus service found in the sixteen towns. The bus had a phone-in service which was in operation four days a week. As well, once a week the bus took people to Penticton, and once a week it brought people from the surrounding area into Princeton. The bus was also available for rental on evenings and weekends. The advantage of Princeton's bus service is its flexibility. The service provides seniors
with the freedom to go where they want, for however long they want, as long as it is within the hours of service. The bus driver will even pick up mail or shopping if a person is unable to travel.

Only two of the sixteen towns had a formally organized volunteer drivers' service. In Parksville the drivers provided rides to medical appointments, while in Comox the service was organized by the seniors centre to provide rides to events at the centre.

In terms of the number of transportation services available, the larger towns generally had more services than the smaller towns. Two of the smaller towns, Midway and Keremeos, had no transportation services at all. The larger towns had an average of two services per town as compared to the smaller towns which had an average of one service. In the smaller towns a community bus service was the most commonly found service while in the larger towns a community bus and taxis services were generally available.

5.1.5. A Profile of Services in a Small Town

From the examination of the availability of services for the elderly in sixteen B.C. towns, a profile of the services one might typically expect to find in a small town can be developed. The study confirmed that the size of a community is a significant factor in determining the number of services for the elderly that will exist in that community. Both small and large towns had home care nursing, home-maker services, meals-on-wheels and a seniors/community bus
service. The larger towns, however, typically had a broader range of services. The majority of the larger towns had both extended care and intermediate care facilities located in the community. In terms of services catering to the independent elderly, the larger towns had subsidized senior apartments and taxi services. Missing in all the towns, however, were specialized medical services, a large number of apartments from which to choose accommodation and a public transportation service.

5.2. PERCEPTIONS OF LOCAL GOVERNMENT OFFICIALS AND FORMAL CARE-GIVERS

According to a report by the Social Planning Council of Ottawa-Carlton (1980) needs can be defined as "individual or community requirements to be met in order to maintain a generally desirable state of community life". In this study, the focus is on the community requirements, more specifically, on the services and facilities which should be in a community in order to enable its elderly residents to remain living independently.

While the provincial government has jurisdiction over housing, health, social services and transportation, people in the community, in particular in local government and formal care-giving agencies, are generally aware of some of the concerns of the elderly. Their perception of unmet needs or gaps in the system of services for the elderly is significant since local government officials and
care-givers are the people in a community who have access to local resources and those of the provincial government.

In the following sections the perceptions of local government officials and formal care-givers of the needs of the elderly in small towns in B.C. will be discussed. (Refer to Tables 5.5 and 5.6 for a summary of this information.) It is important to note that this discussion is intended to provide a flavour of the problems inherent in the present system. It is not a scientifically rigorous account of the needs of the elderly in these sixteen small towns.
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**LEGEND**

'M': Need expressed by municipal official

'C': Need expressed by care-giver

TABLE 5.6: PERCEPTIONS OF LOCAL GOVERNMENT OFFICIALS AND FORMAL CARE-GIVERS OF THE HOUSING AND TRANSPORTATION NEEDS OF THE ELDERLY IN 16 B.C. TOWNS

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<td>SENIOR APTS</td>
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**SMALLER TOWNS**

- Slocan: M
- Harrison Hot Springs: M
- Midway: M
- Keremeos: M
- Kaslo: M
- Sechelt: M
- Cumberland: M
- Lake Cowichan: M

**LARGER TOWNS**

- Gibsons: M
- Princeton: C
- Agassiz: M
- Creston: M
- Rossland: M
- Parksville: M
- Comox: M
- Summerland: M

**LEGEND**

'M': Need expressed by municipal official
'C': Need expressed by care-giver

5.2.1. Health and Social Service Needs

In terms of health and social services, the focus of both municipal officials and caregivers in the small towns, tended to be on the need for more and better institutional care for the elderly.

5.2.1.1. Institutional Facilities

In 11 of the 16 small towns visited, municipal officials and/or care-givers reported that a need existed for either intermediate or extended care facilities in their community. In most cases they expressed a need for both levels of care.

While there were no intermediate care facilities in Slocan, Harrison Hot Springs, Midway, Keremeos and Kaslo (the five smallest towns involved in the study), in both Kaslo and Keremeos municipal officials believed that intermediate care was the most important unmet need in their communities, in terms of facilities and services for the elderly. That is, they perceived the need for institutional care to be more pressing than the need for community-based services. This perception was based on the fact that elderly persons in both Keremeos and Kaslo had had to leave the community in order to be cared for in a facility in another town. In Keremeos, a committee which was working toward developing an intermediate care facility in the town, reported that there were 36 people who would immediately qualify for intermediate care. Leaders in the three smallest towns, however, did not report that there was a need for institutional facilities in their communities, but rather when asked about unmet needs listed services and
facilities designed to cater to the independent elderly.

In the majority of the larger towns, most of which already had institutional care facilities for the elderly, municipal officials and care-givers tended to see a need to expand their existing facilities. In addition to increasing the number of intermediate and extended care beds, improving the care provided in institutional facilities for the elderly was also discussed.

Health professionals at the intermediate care facilities in Cumberland and Summerland expressed a need for improved care for psycho-geriatric patients. They maintained that the number of confused residents was increasing, yet most facilities in small towns offer no special care for such residents. In the Cumberland intermediate care facility, for example, approximately one-third of the residents were said to be confused.

5.2.1.2. Support Services

While municipal officials and most care-givers tended to focus on care facilities, when discussing the unmet needs, in terms of health and social services, a few care-givers did perceive that improvements were needed in support services for the independent elderly.

The few criticisms regarding home support service came primarily from the homemakers themselves. Other community leaders were not aware of any problems with the service. Homemakers in Slocan and Sechelt, and the Senior
Councillor in Kaslo, however, believed that the level of home support provided to clients under the present Long Term Care guidelines are inadequate. In small towns, where the majority of elderly live in detached houses, the lack of a handyman service, which in the past was part of the homemaker service, was seen to be particularly problematic.

Care-givers in four towns expressed a need to expand the Adult Day Care program. In Sechelt, Cumberland, Rossland, and Comox, those involved with the service wanted either to increase the number of spaces in the program or to increase the number of days of operation. It is interesting to note that none of the towns without an Adult Day Care program expressed a need for this service to be initiated.

In Cumberland, a need was identified which was not mentioned as being a problem in the fifteen other B.C. small towns visited. This is the problem of loneliness. The North Island Chapter of the Gerontological Association had conducted a survey to identify a service need or gap. Their survey found that loneliness was a major problem amongst the elderly in that community. In response to this finding, the Gerontological Association in Cumberland established a sharing and caring telephone network. This service matches seniors as phoning contacts. While the association was aware that the need for this service existed, they were having problems identifying the people in need.

Parksville, Sechelt and Midway were the only towns in which improvements to the town's health care system were suggested. In Parksville, a health planning
society had been established, the goal of which is to build a hospital in Parksville. A care-giver in Sechelt stated that there was a need for respite service, hospice and palliative care in the hospital. Municipal officials in Midway felt that acquiring a resident doctor was the town's most pressing need in the area of health and social services. They believed the fact that there was no doctor in the town was particularly problematic for the elderly.

5.2.2. Housing Needs

Municipal officials, rather than care-givers, were generally aware of, and expressed a need for, seniors' housing in their small town. In fact, most of the municipal officials interviewed, cited housing as one of the primary unmet needs of their elderly. In only one town, Lake Cowichan, were detached houses reported as the type of housing required by the elderly. The need for apartments, both private market and subsidized senior apartments, was where the existing housing stocks of most of the small towns were considered inadequate. In Sechelt, for example, the municipality stated that elderly people were leaving the town due to the lack of suitable housing. They estimated that the town needed an additional 100 apartment units.

As well as the need for more apartment units, the style and location of senior apartments was commented upon. In Lake Cowichan, where there was a waiting list of twenty-five names for the subsidized senior apartments, the municipality said that seniors had requested that any new senior apartments have bigger, nicer units than were available in the existing senior apartments in the town. In
Creston, the municipality felt there was a need for better located apartments. They expressed a need for apartments close to downtown.

In terms of housing, then, municipal officials in 11 of the 16 small towns, and a care-giver in one town, reported that their communities required additional apartment units for seniors. In all cases, they believed that both private market and government subsidized units were in demand.

5.2.3. Transportation Needs

Improved transportation services for the elderly was perceived to be a need in over half of the small towns studied. Municipal officials and care-givers in the smaller of the sixteen towns, however, cited transportation difficulties more frequently than their counterparts in the larger towns. Leaders in six of the smaller towns, as compared to three in the larger towns, were aware of the mobility-related difficulties of the elderly. In the smaller towns, transportation services to larger centers for shopping and medical appointments were considered to be needed. Municipal officials in Keremeos, for example, said that a mini-bus was needed to take elderly residents into Penticton. In Slocan, an improvement to the existing bus services was needed. Municipal officials in Slocan felt that the existing service, which brought people from Slocan into Nelson, did not allow enough time in Nelson for people to shop.

In the larger towns transportation services within the town were reported to be needed. In Gibsons, for example, municipal officials expressed the need for a
second mini-bus, as well as an extension of the routes and number of trips provided by the existing bus service. As opposed to bus service, in Rossland, a taxi service was said to be needed by the elderly.

Municipal officials and care-givers in the small towns in B.C., evidently, were aware of the transportation problems of the elderly. A need for bus service both within their town, and to other towns in the area, was expressed by leaders in several of the towns studied.

Municipal officials and care-givers in the sixteen small towns examined in this study did perceive that certain needs of the elderly were not being met by the existing facilities and services. In some cases, their perception of need was based on the fact that there was a waiting list for a particular facility. In other cases, their perception was based on their contact with seniors and the problems these seniors reported.

In most towns, a shortage of apartment units was considered by municipal officials and care-givers as the main housing problem of the elderly. The need for transportation services for the elderly was also seen as a significant unmet need in many of the small towns, particularly the smaller ones. In terms of health and social services, both municipal officials and care-givers tended to focus on the need for increasing and improving the provision of care in facilities, as opposed to community-based support services.
5.3. OBSTACLES TO THE PROVISION OF SERVICES IN SMALL TOWNS

While local government officials, care givers and the elderly themselves may all agree that certain services and facilities are needed by the elderly in their community, there may be constraints or obstacles, inherent to the small town environment, which prevent these services from being provided. As discussed in Chapter Two, Steinhauer, in her article titled, "Obstacles to the Mobilization and Provision of Services to the Rural Elderly", identified such obstacles and classified them into two groups: administrative obstacles and logistical obstacles (Steinhauer 1980). In the following sections, some of the obstacles which were described by Steinhauer, that were also evident in the B.C. towns, will be discussed.

5.3.1. Administrative Obstacles

Administrative obstacles to service delivery represent "concerns that typically require the intensive and continuous attention of staff and personnel resources" (Steinhauer 1980; 402). One example provided by Steinhauer was the fact that in order for a particular service to be provided in a community, in many cases, an application must be initiated at the local level. Steinhauer argued that small towns rarely have the personnel or institutions that are both capable and prepared to go through the necessary process of applying for additional services for the elderly. This problem of a lack of personnel resources required to secure additional services was evident in the B.C. towns. The problems experienced in some towns in developing senior housing is a prime example.
In B.C., a non-profit group is required to sponsor senior citizen housing. In both urban and rural communities, service clubs are the usual group that will take on this project. In many small towns, however, there are no service clubs, or the membership of the clubs that do exist are too small to be capable of managing such a project. Of the sixteen B.C. towns, it was municipal officials in the smaller towns of Midway, Keremeos, Slocan and Kaslo, that reported experiencing this problem. In Midway, for example, there were no service clubs. The municipality believed that there was a need for senior housing in the town so they had encouraged a couple of senior citizens to explore the possibility of the community applying for housing. The seniors who had been delegated this task, however, had no experience in dealing with senior levels of government and so were having difficulty getting the project going. In Kaslo, the one service club which had existed in the town had folded under the strain of developing the town's senior housing complex. The municipality's next priority, in terms of services for the elderly, was to establish an intermediate care facility. The municipality was experiencing great difficulty, however, in getting a non-profit society organized to begin the process of making application for the facility.

A second example of an administrative obstacle discussed in Steinhauer's article, and also observed in the small towns in B.C., is the lack of local funding sources. Municipal officials in several towns reported this problem. It was evident, however, that if funds were allocated by local governments in the B.C. towns to services or facilities for the elderly, they tended to be for visible, tangible purchases such as a bus or senior's centre rather than for invisible services such as a handyman service. Steinhauer contended that this can be attributed both to
political considerations and a lack of knowledge of the needs of elders.

A third administrative obstacle apparent in some of the B.C. towns was the absence of an infrastructure of service providers. This means that even if funding were to become available for a particular service, the service may not be able to be provided because there is no person from whom services can be purchased. In the small towns studied, this was particularly the case for specialized medical services.

The fourth and final administrative obstacle cited in Steinhauer is the absence of a co-ordinated system of services for the elderly both at the provincial and community level. Under the present system, securing an array of services requires separate individual initiatives. In most small towns the managerial capacity to be responsible for ensuring that services are co-ordinated and integrated is lacking and so the result is gaps in the system of services available for the elderly.

5.3.2. Logistical Obstacles

Steinhauer goes on to describe logistical obstacles such as those which "reflect the fact that sheer distance between people and between people and services is the most obvious aspect in which rural areas differ from urban ones" (Steinhauer 1980; 404). The issue of providing services to a population which is geographically dispersed has not been addressed in B.C.'s small towns. For the most part, the services found in small rural communities are organized and
delivered in the same manner as are services in urban areas of the province. In B.C.'s small towns, elderly clients who do not have access to transportation, then, may be unable to access the services they require.

5.4. THE ROLE OF THE LOCAL COMMUNITY IN THE PROVISION OF SERVICES

In the small towns in B.C. which were examined for this study municipal officials and care-givers had some knowledge of the needs of the elderly in their community which the existing system was failing to address. The local community, however, generally plays a limited role in the planning and delivery of community-based services for the elderly. Local care-givers deliver services which are designed by the provincial government, while local governments typically assume a minimal role. In the following section, then, the role of the local community in the provision of community-based services will be examined.

5.5. THE ROLE OF LOCAL GOVERNMENT

As discussed in Chapter Two, the planning and delivery of health and social services is, according to the terms of the Canadian Constitution, primarily the responsibility of the provincial government. Municipal governments, then, typically play a limited role in the provision of services to the elderly. However, being the closest and most accessible level of government to the elderly in a community, concerns or problems with the existing services or lack of services are often directed to municipal officials. While the local governments in the
sixteen B.C. towns in this study were aware of many of the concerns of the elderly, their involvement was generally minimal. Below, are some examples of the ways in which local governments in the small B.C. towns were involved (see Table 5.7).

The municipal governments in 11 of the 16 small B.C. towns supported the local senior citizens organizations through such measures as providing a building for a seniors’ centre and looking after the maintenance and insurance costs on the building, providing land, and/or allowing the seniors’ organization to forego paying property taxes. Five municipalities had facilitated the development of seniors’ housing in their town by either setting aside or rezoning land for this purpose. In Cumberland, the local government took a more active role in the provision of senior housing. The local government in Cumberland managed the town’s senior housing complex. In 11 of the 16 small towns, the municipality was responsible for promoting and administering C.M.H.C.’s Residential Rehabilitation Assistance Program (RRAP). While this housing program is not exclusively for elderly homeowners, the majority of recipients of RRAP funds are seniors. Finally, 5 municipalities provided funding for transportation services for the elderly.

While local governments in the small B.C. towns played only a limited role in the provision of services for the elderly, none of the municipal officials interviewed expressed a desire to increase their involvement. The municipal governments were, however, interested in the issue of the elderly, but from a different perspective. In recent years, an increasing number of B.C.’s small communities are viewing retirement as a viable industry. The presence of retirees
**TABLE 5.7: INVOLVEMENT OF MUNICIPAL GOVERNMENTS IN 16 B.C. TOWNS IN THE PROVISION OF SERVICES TO THE ELDERLY.**

<table>
<thead>
<tr>
<th>TOWNS</th>
<th>SUPPORT SENIORS' ORGANIZATION</th>
<th>FACILITATE SENIOR HOUSING</th>
<th>ADMINISTER RRAP</th>
<th>SUBSIDIZE TRANSPORTATION</th>
<th>PROMOTE TOWN FOR RETIREES</th>
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</thead>
<tbody>
<tr>
<td><strong>SMALLER TOWNS</strong></td>
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<td>Slocan</td>
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<td>Harrison Hot Springs</td>
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<td>Midway</td>
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<td>Keremeos</td>
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<td>Kaslo</td>
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<td>Sechelt</td>
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<td>Cumberland</td>
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<td>Lake Cowichan</td>
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<td><strong>LARGER TOWNS</strong></td>
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<tr>
<td>Gibsons</td>
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<td>Princeton</td>
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<td>Agassiz</td>
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<tr>
<td>Creston</td>
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<tr>
<td>Rossland</td>
<td>X</td>
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<td>Parksville</td>
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<td>Comox</td>
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<td>Summerland</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>5</strong></td>
<td><strong>11</strong></td>
<td><strong>5</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

in a small town is seen to stabilize the local economy and create employment. Over half of the towns (four of the smaller towns and five of the larger towns) examined in this study were being promoted as retirement havens. In some cases the regional district was taking charge, while in 4 of the towns the municipality was involved. Generally, the municipality and/or the regional district provided funding to the Chamber of Commerce for promotional activities.

5.5.1. The Role of Non-Profit Groups

In small towns, non-profit groups generally have the largest amount of involvement in the provision of services for the elderly. Non-profit societies typically administer home support services and meals-on-wheels and locally based service clubs develop and manage senior housing projects. As well, if a town has a community service agency, it is operated by a local non-profit group.

Community service centres are a major asset to a small community as they serve to integrate and co-ordinate the services available in a small town. As well, the fact that an administrative structure is in place in the town makes it easier for new services to be started up. Perhaps the greatest advantage in having a community services organization in a small town, however, is the increased access it provides to services. In one location, a person can be informed of all the services, provided by both the public and voluntary sector, that the town offers.
5.5.2. Grassroots Advocacy

While there is no formal role for the local community in the planning and delivery of services for the elderly and in most of the small B.C. towns involved in this study the involvement of the local community was minimal, in some communities a local response to the needs of the elderly was evident. Involvement of the local community often served to explain why one town had a particular service, while other towns, of similar size, had no such service. In the following section the nature and success of community initiatives that were observed in small towns in B.C. will be discussed.

As discussed previously, a common obstacle to the provision of subsidized senior apartments in small towns is the lack of an appropriate non-profit group to sponsor the project. In Lake Cowichan, this problem was overcome by the local service clubs uniting for the purpose of developing senior apartments. The Lake Cowichan Senior Citizens Housing Society was composed of members of the Kiwanis, Lions and Kinsmen. The Society successfully developed 16 units of senior's housing and had plans to build an additional 16 to 24 units. The Lake Cowichan Senior Citizens Housing Society was formed primarily as a result of the efforts of one senior citizen in Lake Cowichan. This individual saw a need for senior's housing in the town and believed that the only way such a project could be realized was for all the service clubs in the town to become involved. This individual personally got the support of the various groups and eventually became the chairman of the society which formed as a result of his efforts.
Similarly, in Keremeos a local person had assumed the role of advocate for seniors' services. In this case, it was the local pharmacist who was the catalyst. This pharmacist had been instrumental in setting up a local health planning society which had developed a diagnostic centre in Keremeos and, at the time of this study, was in the process of lobbying the provincial government for an intermediate and extended care facility for the town.

In Creston, a local response to the needs of the elderly was also evident. In Creston, it was the local government who had initiated the action. The municipality was concerned about the needs of the town's elderly and as a result one member of Council was given the responsibility of looking into the issue. The local politician assigned to this task was involved with the elderly in his work as a college instructor and so was committed to the idea of the community supporting the seniors. What resulted was the formation of a senior's coalition. The purpose of the coalition was to act as a lobby and exchange group enabling local retirees to help themselves. Having a member of the town Council involved meant that the group had direct access to the local government. The priorities of the coalition in Creston were to establish transportation services and housing for the elderly in Creston. The group also held regular information workshops on such topics as the availability of services for seniors, will and estate planning and retirement planning.

The transportation service in Princeton is unique in the province. This service is also the result of a local initiative. In the 1970's, a federal L.I.P. grant was obtained by an individual in Princeton. The grant was used to establish a
Community Services agency. One of the original services organized by the Community Services was this transportation system.

These examples of grassroots advocacy processes evident in small communities in B.C. are similar to those observed by Brown (1985) in small towns in Arizona. As in the Arizona situation, in B.C., the success of acquiring facilities or services for the elderly was due not to formalized planning, but rather to the presence of key local individuals who were personally interested in the development of a particular facility or service for the elderly.

The success of local advocates in small towns in B.C. in securing services for the elderly implies that there is a legitimate role for the local community in the provision of services. Undoubtedly, the community is the most knowledgable about the problems of their elders and the possible solutions to these problems. As well, the fact that the provincial government reacts to pressure from local groups, as opposed to relying on absolute thresholds, indicates that local involvement is crucial if a small town wishes to develop a range of services for their elderly.

5.6. CONCLUSION

The availability of housing, transportation, health and social services in small towns in B.C. is associated with the size of the community. In general, the larger the town, the greater the array of services. Interviews with municipal officials and formal care-givers in the small towns indicated, however, that in
both the larger and smaller towns there are gaps in the services and facilities available for the elderly. Like the seniors who participated in the seniors’ survey, municipal officials and care-givers expressed the need for improved housing and transportation services for the elderly. However, while the seniors tended to emphasize the need for support services, such as improved home-maker and handyman services, municipal officials and caregivers were concerned with the need for institutional facilities. Unfortunately, this local knowledge of inadequacies in the present system has not generally been translated into more and improved services for the small town elderly. One reason is that the very nature of the small town presents obstacles to the provision of services for the elderly. Another reason is that, due to constitutional and financial constraints, the community plays only a minimal role in the planning of such services. In towns where there was community involvement, however, there were services available for the elderly which otherwise would not be present in the small town. The apparent discrepancy between the seniors’ expressed need for improved support services and the municipal officials and care-givers perceived need for facilities does, however, suggest that if planning for the elderly is to be undertaken by the local community local elders need to be included in the planning process.
CHAPTER 6. IMPROVING THE DELIVERY OF COMMUNITY-BASED SERVICES TO THE SMALL TOWN ELDERLY

Research of North American elders repeatedly points to deficiencies in the health and human services that are available in non-metropolitan communities when compared to their metropolitan neighbours. "Services for rural residents are less accessible, more costly to deliver, narrower in range and scope and fewer in number" (Coward and Lee, 1985; 8).

In this thesis, sixteen small towns in British Columbia were examined to determine the needs of the small town elderly in the province and the effectiveness of community-based services in responding to their needs. In this final chapter, then, the implications of the survey results will be examined and solutions to the problem of providing services to the small town elderly will be discussed.

6.1. NEEDS AND GAPS: A PROVINCIAL PERSPECTIVE

From the survey of independent elders, the need for improvements to the existing system of support services, housing and transportation services was made apparent. Services to assist seniors in maintaining their homes, particularly home repair and gardening services, a sufficient stock of apartment units and a transportation service which would enable seniors to access services both within their own town and in other towns in the region, were lacking in virtually all of the sixteen towns. Based on the assumption that the needs identified by the
survey respondents are representative of the needs of elders living in rural communities throughout B.C., the gaps in the present system of support services, housing and transportation services can be estimated from the survey results.

There are about 79,500 persons aged 65 years and over in rural areas in B.C. Rural areas include people living on farms, in the countryside and in settlements with a population of 10,000 and under (Hodge, 1990). While the environments in which these rural elders live varies tremendously, from remote resource towns such as Port Alice on northern Vancouver Island to bedroom communities such as Abbotsford in the Fraser Valley, low density of the population and long distances between population groupings characterize all these settlements.

The seniors' survey indicated that in terms of support services, services which provide elders with assistance in maintaining their homes are in the greatest demand amongst the rural elderly. The results of the survey did not reveal any gaps in the provision of home-maker services, however, 20 percent of respondents who required assistance with home repairs and 23 percent of respondents who needed help with yardwork were not receiving help, either from the formal or informal sector. If this rough estimate of unmet need is accurate it would indicate that, on a provincial scale, about 16,000 small town elders require a home repair service and probably 18,000 require assistance with yardwork.

In terms of housing needs, of the survey respondents, 35 percent lived in housing which is considered unaffordable. On a provincial scale, this means that about 28,000 small town elders are likely living in unaffordable accommodation.
While the majority of the small town elderly who participated in the study lived in single family homes, 14 percent had plans to seek apartment accommodation. Fourteen percent of all elderly living in small towns in B.C. is just over 11,000 and this suggests a demand for over 11,000 apartment units.

Finally, in terms of the need for transportation, 26 percent of the survey respondents were considered transportation disadvantaged since they lived in a household in which there was no automobile. Eleven percent of respondents were not receiving assistance with transportation, however. For all small town elderly in B.C. this would indicate that, at a minimum, over 8,700 elders require transportation services.

When examined from a provincial perspective, then, it is apparent that there are a significant number of elders living in small towns and rural areas in B.C. who, because of problems coping with maintaining their home, unaffordable or inappropriate types of accommodation or a lack of transportation, are potentially at risk of being unable to remain living independently in their communities. Unfortunately, while the numbers are sufficient to warrant concern, these small town elders are geographically dispersed. For example, it would take more than 140 towns with a population of 2,500 each to equal the number of elderly in one city with a population of 500,000 (Institute for Health Care Facilities of the Future, 1988). The central issue, then, is how to provide these small town seniors, who are scattered across hundreds of communities, with parity in their quality of life relative to their city counterparts.
6.2. TOWARDS FILLING THE GAPS

There is considerable agreement in the literature that the delivery of human services in small towns should differ in important ways from the delivery of similar services in urban areas. While the two environments are not mutually exclusive, they differ enough to require distinctly unique considerations during the planning and delivery of services (Coward, 1979). As discussed in Chapter Five, there are obstacles, inherent to the small town environment which must be overcome in order that services can be made available to the elderly in a rural community. If the gaps in the present system of community-based services available to elders living in small communities are to be eliminated, then, jurisdictional, functional and geographic factors need to be considered.

6.2.1. Jurisdictional Considerations

Rural communities have not generally been involved in the provision of services for the elderly. The system reported in Chilliwack B.C. appears to be fairly typical of the limited and sporadic involvement of rural communities in the provision of services. "Historically, needs have gradually surfaced; someone took up the cause, and presented it in various community forums; if it caught the attention of an action group and of the powers-that-be, something was accomplished. Planning has been ad hoc. There has been no overall system of co-ordination" (B.C. Research, 1986; 23).

Enhancing the involvement of the local community in the provision of health and
social services is necessary in order to overcome the problems of the present centralized system. While those opposed to the idea of a devolution of power from the province to the community level in the planning and delivery of health and social services argue that regional disparities would increase as a result, the findings of this and other studies of the rural elderly provide evidence of the fact that major disparities exist in the present system. The argument for increasing the involvement of the local community in the provision of health and social services include the fact that local bodies are more likely to provide a quantity and quality of service consistent with the needs of local residents (Manga and Muckle, 1987). As well, the co-ordination and integration of services could best be achieved at the local level. Presently, services are provided not only by various ministeries of the provincial government, but as well non-profit groups and families and friends of the elderly are involved.

One local body which could assume greater responsibility for the provision of services for the elderly is municipal government. Presently, there is little response to the needs of the elderly from local governments. The lack of local government control over employment, economic growth and stability is a risk, however, to a continuous and stable role for the local level of government in the provision of health and social services. Mango and Muckle (1987) suggest that an acceptable solution from a municipal point of view may be to fund health and social services at the provincial level but increase municipal responsibility for planning, administration or delivery.

Some studies suggest that, because many of the services used by the rural
elderly are outside the boundaries of their town, services should be planned on a regional basis rather than strictly at the town or municipal level (Windley, 1983; Joseph and Fuller, 1987). In B.C., there is the advantage of having regional districts already in place. Regional districts have the potential of providing a vehicle for creating community-based institutions. Regional districts are also well placed to provide regional transportation, as the Central Kootenay Regional District already does. As well, regional hospital districts, which are currently responsible for raising taxes for capital expenditures, could be utilized as a focal point for organizing local support services.

The One-Stop Access Model proposed for Huron County, Ontario is an example of a system in which services for the elderly are planned, managed and co-ordinated locally. The components of One-Stop are a county level authority which has the responsibility of planning, developing and managing the system and a case management system which provides a single point of access for elders to a full range of community services. It was recommended that the county authority be seen to represent both community health and social services. It would have a reporting relationship to the local municipalities, but would be in a position to function independently. It is important to note that in Huron County, the response of local service providers to the One-Stop Access was not as positive as policy makers might have anticipated. "What from above is devolution, simplification, decentralization, and deinstitutionalization may look like concentration of authority, complication, centralization and institution making from a local perspective" (Wolfe, Fraser and Fuller, 1988).
6.2.2. Functional Considerations

The results of the seniors' survey illustrated the interconnectedness of elders' needs for support services, housing and transportation. When considering what services are required in any one small community, then, the needs in all three areas should be evaluated. "The interconnectedness of services means that services should be viewed as a package. Policy may advocate an intervention in one sector, but the effects will be felt throughout the package and for successful intervention this interdependence must be recognized and catered for in any planning strategy" (Joseph and Fuller, 1987; 62).

As well, it should be recognized that all small towns do not require nor desire the same array of services for their elderly residents. While the seniors' survey indicated that the needs of rural elders are similar, the services which respond to these needs can take many varied forms.

The scale of services is another important functional consideration when planning for small towns. Generally, small scale is the most appropriate for rural communities. Where necessary, economies of scale can sometimes be accomplished by providing services for a cluster of communities together.

6.2.3. Geographical Considerations

Geographical considerations are crucial to the issue of servicing seniors in small towns. The very nature of rurality, "a dispersed population, a scattered pattern
of small scale service centres, and a concentration of higher-order functions in widely separated urban centres creates the geographic backdrop for limited housing opportunities, restricted service networks and inferior transportation for all rural residents, but especially for the elderly" (Joseph and Fuller, 1987; 5). In order to ensure a service is accessible to rural elders, then, one of three approaches can be taken:

1. Adopt an approach which increases the ability of elders to be transported to the site of the service. Such an approach would entail establishing some type of transportation service.

2. Adopt an approach which would increase the mobility of the service. A nurse visiting an elderly person in their home is an example of such a service.

3. Decrease the distance to the service by bringing, for example, medical specialists from larger centres to a clinic in one town that is accessible to neighbouring communities (Mark, 1982).

6.3. CONCLUSION

Few research studies in Canada have dealt with the issues related to the planning and delivery of community-based services for the elderly in small towns. In this thesis, sixteen towns in southern B.C. were examined to determine the needs of small town elders and the effectiveness of the present system in responding to their needs. It was found that the present, centralized system is not effectively meeting the needs of the province's small town elderly. A role for the local community in the provision of services for the elderly is suggested as a
possible solution.

Below, is an agenda of items which need to be looked at further.

* There remains a need for more research into establishing realistic funding formulae in planning rural services given the higher transportation and administrative costs (Rose and MacDonald, 1984).

* There is a need for research which looks at designing facilities for smaller scale use.

* There is a need for further research to determine the differences between rural and urban seniors so as to better develop policies and programs to benefit rural elders. As well, there is a need for research to differentiate particular needs in particular rural settings i.e. retirement centres vs. industry towns (Ontario Advisory Council on Senior Citizens, 1980).

* The implications of transportation costs and the cost of professional time spent in travel are concerns which could benefit from further study (Mark, 1982).

* The relationship between rural elders' expression of need for services and their actual utilization of services needs to be researched.

* The relationship between rural elders' utilization of services and the mode or organization of service delivery is an issue which requires research.
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APPENDIX A
Survey of
The Activities and
Needs of the Elderly
in Small B.C. Towns

Centre for Human Settlements
University of B.C.
March 1987

Respondent: Female
Male:

Interviewer: 
Date:
Thank you for allowing us the opportunity to learn about the activities and needs of senior citizens who live in small towns.

A) HOUSING

I would like to start by asking you a few questions about your home.

**Type of Dwelling ____________________________________________

1. How long have you lived here? __________ Years.

2. Does anyone share your home with you? _____ Yes _____ No
   - if yes who? __________________________ Relation
     __________________________ Relation
     __________________________ Relation
   - how many in total? ________.

3. Before you moved here, what city/town/rural area did you live in? ______
   ____________________________________________________________________________
   how long had you lived there? ____________________________ Years.
   - did you own ____ or rent ____ your previous home?
   - what prompted you to move here? ____________________________.

4. Do you live here all year round? _____ Yes _____ No.
   - how many months are you usually away? ________________ Months.

5. Do you own ____ or rent ____ this home?
   - is your home paid for? _____ Yes _____ No.

6. In round numbers, what is the total monthly payment for your:
   - Mortgage $__________ (does this include property taxes?)
   - Rent $__________________

7. Do you pay for Electricity? _____ Yes _____ No: About how much? $_____/month
   Heat? _____ Yes _____ No: About how much? $_____/month
   Property Taxes? _____ Yes _____ No: About how much? $_____/month

8. Do you have any difficulty meeting any of these costs of housing? _____ yes
   _____ no. Which ones? ____________________________________________
   Why? __________________________________________________________________________
9. Are there any aspects of your home (either inside or outside) which you find difficult to cope with?
   Inside: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   Outside: ______________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

10. Do you use any person/firm/service to help you maintain your home?
    - yes _____ what do they do for you ________________________________
    - no _____ why not? _____________________________________________

11. What in your opinion, is the issue of greatest concern to you in relation to maintenance and repair of your home?
    Check all that apply  Check the single most important

    Property Taxes
    Water Rates
    Heating Costs
    Electricity Costs
    Repair Costs
    Adequate Income
    Gardening
    Getting Help
    Other __________________

12. Have you ever used the following government program to assist you in caring for or improving your home?
    Yes  No  When  Did not know about it

    RRAP/CMHC Housing
    Renovation Program
13. How do you find municipal facilities and services?

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
<th>No such facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>In General</td>
<td></td>
<td>〇</td>
<td></td>
<td>〇</td>
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<tr>
<td>Sidewalks</td>
<td></td>
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<tr>
<td>Street Lighting</td>
<td></td>
<td>〇</td>
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<tr>
<td>Street Signs</td>
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<tr>
<td>Roads</td>
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<tr>
<td>Recreation</td>
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<tr>
<td>Snow Removal</td>
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<tr>
<td>Other</td>
<td></td>
<td>〇</td>
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</tr>
</tbody>
</table>

14. Do you have any suggestions for improvements?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15. Is your home well-located with respect to your needs for:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>If No Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Shopping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Social Activities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c) Church</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d) Relatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Other Needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
16. Do you have any plans to move from this home

   Yes __________
   No ________ (IF NO GO TO 20)

17. Why are you planning to move?

   (CIRCLE ONE ONLY)
   1. Decline in Health
   2. Decline in health of spouse
   3. To be nearer to family
   4. To be nearer to services
   5. Size of home
   6. Financial reasons
   7. Other

18. Where will you be moving?

   (CIRCLE ONE ONLY)
   1. Same town
   2. Outside town
   3. Elsewhere in B.C.
   4. Elsewhere in Canada
   5. Other

19. What type of accommodation will you be seeking?

   (CIRCLE ONE ONLY)
   1. House
   2. Apartment
   3. Senior citizen apartment
   4. Nursing home
   5. Chronic care hospital
   6. Other

20. If, for some reason, you HAD to move, would you:

   (CIRCLE ONE ONLY)
   1. Remain in this town
   2. Remain in this area
   3. Move Elsewhere in B.C.
   4. Move elsewhere in Canada, Specify ________
B) **ACTIVITIES**

I would like to ask you about services you use and activities you participate in and where you travel for them.

First of all do you own (or have a family) car?

Yes ___ No ___ and do you drive Yes ___ No ___
Partner drives Yes ___ No ___

*The following 4 questions correspond to spaces 1 - 4 below.*

1) Do you go to? (If yes, location)
2) (If yes) How often would you say you go there?
3) How do you usually get there? (mode of transport is the desired answer, but note details of any directions given.)
4) Does this differ in winter?

A. Corner variety store __________________________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________

B. Family doctor/physician _______________________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________

C. Drug store/pharmacy __________________________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________

D. Bank ______________________________________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________

E. Visit with family or other relatives _____________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________

F. Clothing/shoe stores __________________________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________

G. Library _____________________________________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________

H. Park ________________________________________________________
   1) Yes ___ No ___ 2) __________ 3) __________ 4) __________
<table>
<thead>
<tr>
<th>Category</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Beauty/barber shop</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>J. Department store</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>K. Dentist/denturist</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>L. Specialist doctor/physician</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>M. Supermarket or grocery store</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>N. Restaurant/coffee shop</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>O. Post office</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>P. Church services</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>Q. Social groups/clubs</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>a.</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>b.</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>c.</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>d.</td>
<td>Yes/No (1)</td>
</tr>
<tr>
<td>R. Entertainment (e.g. movies, plays, concerts)</td>
<td>Yes/No (1)</td>
</tr>
</tbody>
</table>
S. Visit with friends

1) Yes ___ No ___ 2) ______ 3) ______ 4) ______

T. Other (please specify)

a. 1) Yes ___ No ___ 2) ______ 3) ______ 4) ______

Other (please specify)

b. 1) Yes ___ No ___ 2) ______ 3) ______ 4) ______

Other (please specify)

a. 1) Yes ___ No ___ 2) ______ 3) ______ 4) ______

2. How important is it to you that the following facilities and services are accessible by walking?

<table>
<thead>
<tr>
<th>Facility/Service</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Grocery store</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Variety store</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Bank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Post Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Doctor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f. Restaurant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Seniors' centre</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>h. Drug store</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Beauty Parlour/Barber</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>j. Church</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>k. Library</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>l. Park</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Clothing/shoe store</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any others that very important to you?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
C) SERVICES AND ASSISTANCE

Could I now ask you about the people and community services which have recently provided you with some help or support when you've had a problem, or have needed something. Can you please identify for me the people and/or the agencies which you have personally received help from during the last 2 months. (such as mowing your lawn, driving you to the doctor, visiting nursing services, etc.)

Could you also tell me how often you see the people who provide you with the help, what specific kind of help you have received, and where you had to go to receive the help.

<table>
<thead>
<tr>
<th>A. Person or agency providing help.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of help.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Frequency of contact.</td>
</tr>
<tr>
<td>Place help received.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Person or agency providing help.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of help.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Frequency of contact.</td>
</tr>
<tr>
<td>Place help received.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Person or agency providing help.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of help.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Frequency of contact.</td>
</tr>
<tr>
<td>Place help received.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Person or agency providing help.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Type of help.

______________________________________________________________

Frequency of contact. _______________________________________

Place help received. _______________________________________

E. Person or agency providing help.

______________________________________________________________

Type of help.

______________________________________________________________

Frequency of contact. _______________________________________

Place help received. _______________________________________

F. Person or agency providing help.

______________________________________________________________

Type of help.

______________________________________________________________

Frequency of contact. _______________________________________

Place help received. _______________________________________

2) In general, how many services and agencies would you say there are to provide help and support for people your age in this area?

   A great many _______
   A fair number _______
   A small number _______
   Very few, if any _______

3) Can you please list for me the community services and agencies in this area which provide help to people your age?

   a) _______________________________________________________
   b) _______________________________________________________
   c) _______________________________________________________
   d) _______________________________________________________
3) Continued:

   e) ___________________________________________
   f) ___________________________________________
   g) ___________________________________________
   h) ___________________________________________
   i) ___________________________________________
   j) ___________________________________________

4) Which of the following services would be of the greatest help to you, to enable you to remain in your home longer? (Check needed services)

   __ a. Personal care (bathing, dressing, hair and nails, etc.)
   __ b. Housekeeping (general cleaning, laundry, etc.)
   __ c. Home maintenance (snow removal, lawn, repairs, etc.)
   __ d. Transportation (to store, church, bank, medical app'ts, etc.)
   __ e. Assistance with food shopping
   __ f. Preparation of meals (Meals-on-Wheels)
   __ g. Help with understanding legal papers
   __ h. Aid with finding out about seniors' programs
   __ i. A home nurse for service you must now go to a clinic or hospital to receive

5) If any of the above services were needed, how much could you afford to pay for them?

   __ Nothing at all
   __ Up to $10 weekly
   __ Up to $25 weekly
   __ Up to $50 weekly
   __ More than $50 weekly
D) PERSONAL DATA

We're just about to the end of the questionnaire but I still need to ask you a few questions about yourself.

1. Female _____
   Male _____

2. Please tell me which one of the following statements best describes your present marital status.
   ______ I have never been married
   ______ I am married and living with my spouse
   ______ I am married, but separated from my spouse
   ______ I am divorced
   ______ I am widowed
   ______ Other (Please specify) ____________________________

3. For how long has this been your marital status? ________________ Years.

4. If you have children where do they live? ____________________________

5. What was your age at your last birthday? _______ Years.
   What is your spouse's age? _______ Years.

6. Which one of the following phrases best describes yours/your spouse's health at the present time.

<table>
<thead>
<tr>
<th>Yours</th>
<th>Your spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>______</td>
</tr>
<tr>
<td>Poor</td>
<td>______</td>
</tr>
<tr>
<td>Fair</td>
<td>______</td>
</tr>
<tr>
<td>Good</td>
<td>______</td>
</tr>
<tr>
<td>Excellent</td>
<td>______</td>
</tr>
</tbody>
</table>

7. In round numbers, what was your total income for last year? $ ___________
8. Did your income come all from one source, such as a pension?
   Yes _______ Source ____________________________________________
   No _______ (Go to 9)

9. Could you estimate the proportion of your total income which came from any of the following sources:

<table>
<thead>
<tr>
<th>(% )</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Work</td>
<td>______</td>
</tr>
<tr>
<td>(Kind)</td>
<td>______</td>
</tr>
<tr>
<td>Old Age Pension</td>
<td>______</td>
</tr>
<tr>
<td>Canada Pension Plan</td>
<td>______</td>
</tr>
<tr>
<td>Veteran's Allowance</td>
<td>______</td>
</tr>
<tr>
<td>Private Pension or Superannuation</td>
<td>______</td>
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<tr>
<td>RRSP</td>
<td>______</td>
</tr>
<tr>
<td>SAFER</td>
<td>______</td>
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<tr>
<td>Stocks and Bonds</td>
<td>______</td>
</tr>
<tr>
<td>Property Rental</td>
<td>______</td>
</tr>
<tr>
<td>Children</td>
<td>______</td>
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<tr>
<td>Other</td>
<td>______</td>
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</tbody>
</table>

   ____________________________
   ____________________________

   100 %

Well, that concludes our interview. I'd like to thank you very much for all your interest, time and co-operation. You have been extremely helpful, and it has been very pleasant talking with you.

- Do you have any general comments you would like to make about the interview, or about the topics we have covered today?
Further Comments:


Before I go I would like to reassure you again that all the information you have given me will be kept in strictest confidence, and that your name will in no way be associated with any of the information.
A) HOUSING

We would like to know a bit about your home.

1. What type of dwelling do you live in?
   (Check one)
   a. Your own house ______
   b. Your own apartment ______
   c. Share house/apartment ______
   d. Senior citizen apartment ______
   e. Mobile home ______
   f. With relatives ______
   g. Other ______

2. How long have you lived here? _______ years.

3. Before you moved to your present home, in
   - what city, town or rural area did you live? _____________________________ 
   - how long? _____________________________
   - what prompted you to move here? _____________________________

4. Do you own _____ or rent _____ this home?

5. In round numbers what is your total monthly payment for your:
   Mortgage $_______/month
   Rent $_______/month

6. Are there any aspects of your home (either inside or outside) which you find difficult to cope with?
   Inside: ________________________________________________
   ________________________________________________
   ________________________________________________
   Outside: ________________________________________________
7. Do you receive any assistance in maintaining your home?

<table>
<thead>
<tr>
<th>Type of help</th>
<th>Help giver</th>
<th>Do you pay?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

8. What, in your opinion is the issue of greatest concern in maintaining your home?

CHECK ONE ONLY:

a. Property taxes
b. Water Rates
c. Heating Costs
d. Repair Costs
e. Gardening
f. Getting help
g. Other (Specify)

9. How do you find municipal facilities and services?

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
</tr>
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<tr>
<td>g. Snow removal</td>
<td></td>
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</tr>
</tbody>
</table>

10. Do you have any plans to move from your home? Yes ___ No ___
11. If you are planning to move, what is your reason? (CHECK ONE)
   a. Decline in health
   b. Decline in health of spouse
   c. To be nearer to family
   d. To be nearer to services
   e. Home/garden too large
   f. Financial reasons
   g. Other

12. What type of accommodation would you seek? (CHECK ONE)
   a. House
   b. Apartment
   c. Senior citizen apartment
   d. Nursing home
   e. Chronic care hospital
   f. Other

13. Would you leave this town?
   Yes ___ No ___
   If yes, where would you prefer to go?

B) ACTIVITIES
   We would now like to know about your regular activities.

1. Is your home well-located with respect to your needs for:

   Activity            | Yes | No | Why?
   ------------------  |-----|----|------
   a. Shopping        |     |    |      
   b. Social Activities|     |    |      
   c. Church          |     |    |      
   d. Relatives       |     |    |      
   e. Friends         |     |    |      
   f. Doctor          |     |    |      
   g. Other           |     |    |      

g. Other Activities

Yes No Why?

________________________________________________________________________

________________________________________________________________________

2. Do you own a (or have a family) car? Yes ___ No ___

3. When you need a ride, who drives you?
   Self _____ Spouse _____ Relative _____
   Other (identify)_____________________________________________________________________

4. How important is it to you that the following facilities and services are accessible by walking?

<table>
<thead>
<tr>
<th>Facility</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Grocery Store</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. Variety Store</td>
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<tr>
<td>c. Bank</td>
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<td></td>
</tr>
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<td>d. Post Office</td>
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<td></td>
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<tr>
<td>e. Doctor</td>
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<td></td>
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<tr>
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<tr>
<td>l. Park</td>
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<tr>
<td>m. Clothing/Shoe store</td>
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</table>

C) SERVICES AND ASSISTANCE

Could you now tell us about people or groups who have recently provided you with some help or support when you've had a problem or needed something. (such as driving you to the doctor, delivering groceries, etc.)

1. Person or service providing help to you:

__________________________________________________________________________
1. **Continued**

Type of help.

________________________________________________________

Frequency of help. ______________________________________

Place help received. ____________________________________

2. Person or service providing help to you:

________________________________________________________

Type of help.

________________________________________________________

Frequency of help. ______________________________________

Place help received. ____________________________________

3. Person or service providing help to you:

________________________________________________________

Type of help.

________________________________________________________

Frequency of help. ______________________________________

Place help received. ____________________________________

4. Person or service providing help to you:

________________________________________________________

Type of help.

________________________________________________________

Frequency of help. ______________________________________

Place help received. ____________________________________

5. Can you please list the **community services** in this area that provide help to people your age.

   a. __________________________________________________

   b. __________________________________________________

   c. __________________________________________________
5. Continued

d. ____________________________________________________________

e. ____________________________________________________________
f. ____________________________________________________________

6. Which of the following services would be of greatest help to enable you to remain in your own home?
(CHECK NEEDED SERVICES)

   ____ a. Personal care (bathing, hair, dressing, etc.)
   ____ b. Housekeeping (cleaning, laundry, etc.)
   ____ c. Home maintenance (lawn, repairs, snow, etc.)
   ____ d. Transportation (to ____________________________)
   ____ e. Food shopping help
   ____ f. Meal preparation (Meals-on-Wheels)
   ____ g. Understanding legal papers
   ____ h. Finding out about seniors' programs
   ____ i. Home nursing
   ____ j. Other ____________________________

D) PERSONAL DATA

To complete the survey could you tell us a bit about yourself.

1. Female _____ Male _____

2. Age (on your last birthday) _____ years

3. Marital status __________________________ since __________________________ (date)
Are you living with your spouse? Yes _____ No _____

4. Which one of the following best describes yours/your spouse's health at the present time?

   excellent

   good

   Yours _____ Your spouse _____
4. Continued (best description of health at present time, yours/your spouse)

<table>
<thead>
<tr>
<th></th>
<th>Yours</th>
<th>Your spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>fair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>poor</td>
<td></td>
<td></td>
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<tr>
<td>very poor</td>
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</tbody>
</table>

5. In round numbers, what was your total household income last year?

$ __________________________

8. What proportion (in round numbers) of your total income came from any of the following sources?

<table>
<thead>
<tr>
<th>Sources</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Paid work</td>
<td></td>
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<tr>
<td>Old Age Pension</td>
<td></td>
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<tr>
<td>Canada Pension</td>
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<tr>
<td>Veteran's Allowance</td>
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<tr>
<td>Private Pension/Superannuation</td>
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<tr>
<td>RRSP</td>
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<tr>
<td>SAFER</td>
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<tr>
<td>Stocks and Bonds</td>
<td></td>
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<tr>
<td>Property rental</td>
<td></td>
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<tr>
<td>Children</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

100 %

THANK YOU FOR YOUR TIME.
A. Please list the POSITIVE ASPECTS of living in a small town.  
(List as many as you want to)  
1) _____________________________________________________________  
2)  ___________________________________________________________  
3)  ___________________________________________________________  
4)  ___________________________________________________________  
5)  ___________________________________________________________  
6)  ___________________________________________________________  
7)  ___________________________________________________________  
8)  ___________________________________________________________  

B. Please list the main PROBLEMS encountered when living in a SMALL TOWN.  
(List as many as you want to)  
1) _____________________________________________________________  
2)  ___________________________________________________________  
3)  ___________________________________________________________  
4)  ___________________________________________________________  
5)  ___________________________________________________________  
6)  ___________________________________________________________  
7)  ___________________________________________________________  
8)  ___________________________________________________________  

Please note your town:  ___________________________________________  

Sex: Female _______ Male _______  
Age: _______
Survey of
The Impact of the
Elderly on Small
B.C. Municipalities

Centre for Human Settlements
University of B.C.
March, 1987

Municipality: ________________________________
Respondent(s): _______________________________
                              _______________________________
                              _______________________________
                              _______________________________
                              _______________________________

Date: ________________________________
Interviewer: ________________________________
The elderly are increasingly attracted to small towns to spend their retirement years. We would like to know how this trend is affecting your community. We are, especially, interested in learning how your local government is responding to the needs of elderly citizens.

A. SERVICES/PROGRAMS

1. First of all, could you identify the services and programs which exist in your town especially aimed at senior citizens?

   a. Name of service?

   Purpose?

   Who provides it?

   Frequency?

   Any charge?

   b. Name of service?

   Purpose?

   Who provides it?

   Frequency?

   Any charge?

   c. Name of service?
Purpose Continued

Who provides it?

Frequency?

Any Charge?

d. Name of service?

Purpose?

Who provides it?

Frequency?

Any Charge?

e. Name of service?

Purpose?

Who provides it?

Frequency?

Any charge?

f. Name of service?

Purpose?

Who provides it?

Frequency?
Any charge? ____________________________

g. Name of service? ____________________________

______________________________

Purpose? ____________________________

______________________________

Who provides it? ____________________________

______________________________

Frequency? ____________________________

Any charge? ____________________________

2. Are there any special facilities provided for senior citizens in your town?
   a. Facility? ____________________________ Date: ______

   Purpose? ____________________________

   b. Facility? ____________________________ Date: ______

   Purpose? ____________________________

   c. Facility? ____________________________ Date: ______

   Purpose? ____________________________

3. How are services/programs/activities for the elderly funded in your town in general:

   ____________________________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

   For example: __________________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

4. a. In round numbers, how much did your municipality spend on services for the elderly last year?

   $____________
4. b. What proportion is this of your annual budget? ________ %
   c. Has this spending increased since 1981?
      Yes ________ , by how much ________
      No ________

d. Has this spending increased since 1981?
      Yes ________ , by how much ________
      No ________

5. a. How many of the residential property owners are over 65 years of age? ________
   b. What proportion are they of all property owners? ________ %
   c. What proportion of your residential assessment do they account for? ________ %
   d. Has the % accounted for by elderly property owners increased since 1981?
      Yes ________ , by how much ________
      No ________

B. HOUSING

Now I'd like to ask you about how the elderly are housed in your town.

1. a. Is there any housing provided especially for the elderly? No ___
      Yes ________, how many units ________, of what type? ________
            _________________________________________________________
   b. Is it well-used?
      Yes ________, waiting list ________ (no.)
      No ________, vacancies ________ (no.)
      Why? _______________________________________________________
            _________________________________________________________
   c. Where is this project located?
      Approximate distance from the main shopping street ________ mi/km

2. a. Are there any other rented accommodations the elderly live in? No ___
      Yes ________, how many units ________, what type ________
            _________________________________________________________
b. Could you estimate the vacancy rate in rental units in your town?
   No ______ or ______ %

3. In round numbers, what would be the current average monthly rent for apartments in your town?
   $ _______ /month

4. Is additional accommodation needed for the elderly in your town? No ___
   Yes ______, of what kind / how much?
   _____ Self-owned homes (no.) _____
   _____ Apartment/town houses (no.) _____
   _____ Senior citizen apartments (no.) _____
   _____ Boarding homes (no.) _____
   _____ Intermediate care (no.) _____
   _____ Extended care (no.) _____

5. a. Are there any plans or proposals to build more housing for the elderly?
   No ______
   Yes _____ When ____________________________________________________________
   Describe the plans: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

b. Do/did senior citizens get involved in planning this new housing (or projects that already exist?) No ____
   Yes _____, in what capacity ________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
6. Is your municipality involved in promoting/administering the RRAP? No ___ 
   Yes ___ to what extent is it used? ________________________________
   ________________________________
   ________________________________
   ________________________________

C. TRANSPORTATION

I would now like to learn about the kind of transportation available for the elderly in this town.

1. What forms of transportation are available for the elderly?
   ____ Public bus (hours ________________________________)
   ____ Taxi
   ____ Special bus for seniors
   ____ Volunteer drivers for seniors
   ____ Other: ________________________________
   ____ Other: ________________________________
   ____ Other: ________________________________

2. How are the special forms for the elderly provided?
   a. Type of transport: ________________________________
      Who provides: ________________________________
      Funding: ________________________________
      Cost to user: ________________________________
      Operations: ________________________________
      Schedule ________________________________
      Contact ________________________________
      Reg. scope ________________________________
   b. Type of transport: ________________________________
      Who provides: ________________________________
      Funding: ________________________________
      Cost to user: ________________________________
c. Type of transport: ___________________________

Who provides: ___________________________

Funding: ___________________________

Cost to user: ___________________________

Operations:
Schedule ___________________________

Contact ___________________________

Reg. scope ___________________________

3. a. Does your municipality feel that transportation for elderly citizens needs to be extended or improved?

No _____

Yes _____, In which way(s) ___________________________

__________________________

__________________________

b. Are there any plans or proposals to improve transportation for the elderly?

No _____

Yes _____, Describe the plan ___________________________

__________________________

__________________________

c. Do/did senior citizens get involved in this planning? No _____

Yes _____, in what capacity ___________________________

__________________________
4. To which other towns in this region do the elderly travel on a frequent basis and for what purpose?

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<tr>
<th>Town</th>
<th>Purpose</th>
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D. RECREATION

1. a. Does your municipality feel that recreation programs/facilities for the elderly need to be extended or improved?

   No ____

   Yes ____ , in which way(s) ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

b. Are there any plans or proposals to improve recreation for the elderly?

   No ____

   Yes ____ , Describe the plans ________________________________

   ________________________________

   ________________________________

   ________________________________
c. Do/did senior citizens get involved in this planning? No_____
   Yes______, in what capacity ________________________________

2. Does your town share with other towns the provision of recreation facilities and services?

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<th>Town</th>
<th>Recreation Facility</th>
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E. PLANNING AND MANAGING SENIORS' SERVICES

1. a. Are there means in your municipality for integrating the provision of services for the elderly? No_____
   Yes______, Describe how this works (e.g. the organization, who participates, focus) ________________________________

   b. What is the role of the municipality in this process?

   ________________________________
2. a. Is your community encouraging elderly people to come and live here?
   No _____ (Go to 3)
   Yes _____ What steps have you taken?

b. What benefits are there for the town?

   c. Do you anticipate any difficulty with this policy? (e.g. within the community.)
      With costs to the municipality?

3. Has your community experienced any problems from the presence of large proportions of the elderly?

No ______

Yes ______, please elaborate ____________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

4. Are there any other problems or issues that we have not asked about that you would like to comment upon?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________