

AGE-FRIENDLY SASKATOON INITIATIVE: FINDINGS REPORT



**SASKATOON COUNCIL ON AGING
“POSITIVE AGING FOR ALL”**

DECEMBER 2011

MESSAGE FROM THE HONOURARY CHAIRPERSON

Saskatoon, like many communities, is experiencing a major transformation. Population growth, spurred by economic development and new job opportunities, is adding to demographics associated with those who have made this city “home” for many years. Many of us moved to Saskatoon, established careers, raised families and now remain here in retirement. By 2025, one-quarter of Saskatoon’s population will be over the age of 65.

Planning for this growing, older population is critical. The Saskatoon Council on Aging, interested in the World Health organization’s Age Friendly Cities model, formed a steering committee to oversee a three-phase process to create a more age-friendly Saskatoon. This report on Phase One provides an assessment of the age-friendliness of our community from the perspective of its older citizens. Through focus groups, surveys and interviews, over 500 older adults in most Saskatoon neighborhoods told us what it was like to live in Saskatoon and offered suggestions for future action. Participants reminded us of the striking difference between Saskatoon in summer and Saskatoon in winter. They talked about improving public transportation, housing choices to keep them connected to their community, safety, improved access to shopping and services and resources to help them maintain their health and fitness.

Thank you to everyone who participated. Your experiences and suggestions will help to provide a foundation for future decisions that we hope, will make Saskatoon one of Canada’s most age-friendly communities. The Saskatoon Council on Aging is promoting this document as a resource for not-for-profit organizations, government, business and individuals, young and less young and wants it to be a valuable resource for promoting aging issues within our Community.

A big thank you, also, to members of the steering committee who gave generously of their time, energy and expertise and volunteers and staff in our Community whose assistance was important in completing this project. You contributed to a process that enabled older adults to voice their hopes for a friendlier Saskatoon.

I am proud to support the Saskatoon Council on Aging and its initiatives that focus on positive aging for all.

Vera Pezer Ph. D.



Honorary Chair and
Chancellor, University of Saskatchewan



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EXECUTIVE SUMMARY

“Is Saskatoon an age-friendly city?” The answer from over 500 older adults, caregivers and service providers was “Saskatoon is a great place to live but...”

The Age-friendly Saskatoon Initiative: Findings is a report from the Saskatoon Council on Aging (SCOA) that summarizes for the community the observations of a sample of Saskatoon’s older adults, caregivers and service providers about the age-friendliness of our city. The data gathered in this Phase 1 of the initiative identifies that Saskatoon has many age-friendly features that promote quality of life and independence for older people. However participants identified that there are also aspects of living in Saskatoon that need improvement and suggested ways to make Saskatoon and environs more age-friendly.

The report is a mechanism to engage key community partners and decision-makers in developing and planning Phase 2 of the *Age-Friendly Saskatoon Initiative*. This phase will include a determination of current programs and services for older adults, identify gaps and formulate an action plan. It will be an opportunity for business leaders, service providers and political leaders to collaborate with older adults in future strategic planning and policy development.

The *Age-Friendly Saskatoon Initiative* was launched as a way to hear from older adults about how livable our city is and to capture their suggestions for a more age-friendly community. The *Age-Friendly Saskatoon Initiative* applies the research process set out by the World Health Organization’s *Global Age-Friendly Cities Guide* (WHO, 2007). It was designed to align with and support the City of Saskatoon’s new *Community Vision* strategic plan, which identifies the importance of making Saskatoon “age-friendly”. The ultimate goal of the initiative is to enable Saskatoon to receive the official Age-friendly designation from the WHO.

This study assesses the city of Saskatoon from the perspective of older adults using the WHO’s categories of an age-friendly community: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, communication and information, civic participation and employment and community support and health services. Focus groups, an online and paper survey and interviews were used to provide baseline data and establish the current age-friendliness of Saskatoon. Approximately 500 older adults, caregivers and service providers participated.

Participants cited many of Saskatoon’s positive attributes, noting it is a clean, beautiful city but overwhelmingly indicated that Saskatoon is not age-friendly in the winter months. Participants acknowledged that the natural features of our environment are not totally solvable. However, actions can be taken to enhance safety and mobility and reduce social isolation.

Most participants responded that they rarely used public transportation, frequently citing various safety reasons and access barriers and made several suggestions to improve

transportation options in the city, including expansion of specialized transportation services.

Most participants expressed satisfaction with their present day housing but noted there is a lack of affordable housing options and long waiting lists. Concern was expressed about current models of seniors housing, which separate older adults from the rest of the community and it was suggested that more research needs to be carried out on options along the housing continuum, specifically affordable housing for low to middle income seniors and intergenerational housing models.

Generally older adults felt they are treated respectfully in the community. However inclusivity does not always include ethnicity, sexual orientation, disability and mental illness. There is a need to address the stigma and discrimination identified as some of the root causes of disrespect and isolation within the community. The development of awareness programs, educational materials, and sensitivity training was recommended to counter the stereotypes of ageism.

Participants cited many positive illustrations of programs and services that provide older adults with necessary information. Older adults with lower education levels, lack of family resources, low incomes, and lack of computer skills or access were identified as having difficulty obtaining information on matters of vital importance to their health, services, housing, and finances.

Participants indicated that a wide range of health care and community services are available in Saskatoon and that professional service staff are generally respectful and helpful. However, there was an identified need for health care providers to improve their interpersonal skills in interactions with older adults. Several barriers to access necessary social and health services were identified such as a shortage of geriatric inpatient beds, geriatricians and geriatric services, mental health and addictions services for seniors, and palliative care beds. There is a perceived inadequacy of regulations in the personal care home and supportive housing sectors, resulting in issues around quality of care and staffing.

With increased life expectancies, participants encouraged governments to make the necessary changes required to public policy and service provision to support these longer lives. Participants identified the need for the adoption of an “age-friendly” policy lens by public and private institutions and felt strongly that older adults must be part of planning and decision-making processes that impact them. For example, policies and programs that currently cause high social and financial costs for seniors should be evaluated and programs that offer financial assistance to individuals based on care needs, rather than subsidies attached to facilities, should be developed.

The findings report includes a community profile, describes the process of community engagement, shares findings about the eight WHO age-friendly dimensions and makes suggestions for a “way forward”. It provides a starting point for establishing community goals and an action plan to make Saskatoon a community for all ages.

INTRODUCTION

Saskatoon is one of the best places to live in Canada. Sustaining this enviable reputation will depend on the development and implementation of strategies in response to the challenges faced by a growing urban population that is also an aging demographic.

In Saskatoon, our citizens are living longer and the proportion of older people in the total population is increasing. This demographic shift is a global phenomenon; population aging and urbanization together comprise major forces shaping the 21st century. In response, the World Health Organization developed the *Age-Friendly Cities* project several years ago to get planners thinking about the elements needed in a community to support healthy aging. The adoption of this model is spreading across the globe, with many communities in Canada and abroad using the WHO's approach to address the myriad issues that accompany an aging and increasingly urban population.

Older people play a crucial role in communities - in paid or volunteering work, transmitting experience and knowledge, or helping their families with caring responsibilities. These contributions can only be ensured if older persons enjoy good health and if societies address their needs.¹ Saskatonians young and old require government and key stakeholders to work together to understand the issues of, and adopt a strategic approach to plan for, the city's aging community. The aging population of Saskatoon needs services that are accessible, affordable, of high quality, and that will meet people's needs into the future. New public policies and actions should be informed by research-driven knowledge about the later stage of life.

The *Age-Friendly Saskatoon Initiative* was launched by the Saskatoon Council on Aging (SCOA) as a way to hear from older adults about how livable our city is and to capture their suggestions for an evolving age-friendly community. The *Age-Friendly Saskatoon Initiative* applies the WHO model and was designed to align with and support the City of Saskatoon's new *Community Vision* strategic plan, which identifies the importance of making Saskatoon "age-friendly".

Through an analysis of relevant literature and policy documents and consultation with Saskatoon's older residents, caregivers and service providers, SCOA's initiative aims to promote the civic engagement of Saskatoon's older citizens, gain knowledge about factors that impact positive aging, and inform the community about our findings and generate public discussion on the basis of the report's findings. This extensive process of consultations, research, assessment and analysis formed the basis for the advice in the report.

This report summarizes for the community the observations of a sample of Saskatoon's older adults. It identifies positive attributes of our city, as well as barriers and obstacles to aging positively, and suggests strategies for making Saskatoon and environs more age-friendly. The report is also a mechanism to engage key community partners and

¹ World Health Organization http://www.who.int/ageing/age_friendly_cities/en

decision-makers in development and planning of Phase 2 of the *Age-Friendly Saskatoon Initiative*.

This report demonstrates the importance of understanding the current and emerging needs of Saskatoon's older citizens and the need for multi-sectoral engagement and commitment. Partnerships must be developed, resources maximized and a concerted effort made by the community to address the future needs of an aging population if we are to ensure that our city is truly age-friendly and remains a desirable place to live.

CITY OF SASKATOON: A COMMUNITY PROFILE

Canadian Demographics

The aging of the Canadian population will accelerate over the next three decades, particularly as individuals from the Baby Boom years of 1946 to 1965 begin turning age 65. The number of older adults in Canada is projected to:

- increase from 4.2 million to 9.8 million between 2005 and 2036, with the percentage share almost doubling from 13.2% to 24.5%.
- increase at a slower pace between 2036 and 2056, from 9.8 million to 11.5 million, with the percentage share projected to rise from 24.5% to 27.2%.

Saskatchewan Demographics

The population of Saskatchewan continues to rank first in the country with respect to the percentage of people aged 65 and over and Statistics Canada predicts that within the next few years, that percentage will climb. In 2005, the population of Saskatchewan was the oldest of all provinces, with close to 15% 65 years of age and up. According to population projections, this proportion will rise to nearly 23% in 2026.

Saskatoon Demographics

The City of Saskatoon reports that its citizens are living longer and the proportion of older people in the total population is increasing. The city is experiencing the first crest of a wave of aging baby boomers expected to swell the ranks of seniors over the next several decades. Saskatoon seniors are a diverse cohort, ranging in age from 60 to over 100 years, with varying backgrounds, living arrangements, family circumstances, abilities and interests, marital status, cultural background and incomes. The following trends are projected:

- The population of the City of Saskatoon will be approximately 217,551 residents by the year 2011, 231,065 by 2016 and 256,654 by 2026.
- The aging of the baby boom generation will continue to increase the “overall” median age of the population
- The City of Saskatoon will see a large increase in the proportion of seniors (aged 65+) as a total of the population (increasing from 12.6% to 19.9%). Medium growth scenarios project an increase of seniors by 70.0% over the twenty-year period (increasing from 26,413 to 44,875).
- The communities immediately surrounding Saskatoon will see a large increase in the proportion of seniors (aged 65+) in their population (increasing from 9.0% to 12.7%). Medium growth scenarios project an increase of seniors by approximately 86.1% over the twenty-year period (increasing from 2,779 to 5,208).
- There will continue to be increasing ethnic and social diversity, with higher proportions of Aboriginal peoples and visible minorities.
- Within the senior population, the most dramatic growth will occur in the over 80-age group.
- Older people will continue to be healthier than in previous years, but those aged over 65 years will experience increased health issues, with significant increases in the over 75 year age group.

- Aging of the population will have implications for workforce participation, including retaining older workers for longer and envisioning a new type of active, engaged retirement.
- All Saskatonians will have parents, friends, neighbours, customers, co-workers or colleagues who are older adults and most will themselves be seniors at some point in time.

COMMUNITY ENGAGEMENT: THE PROCESS

About an Age-friendly City

Around the world, cities have adopted the Age-friendly City model developed by the World Health Organization (WHO). The WHO's *Age Friendly Cities Guide* (2007) provides an innovative framework for assessing and planning current and future developments for older adults. According to the WHO, an "Age Friendly City" has policies, services, settings, and structures that support and enable people to age actively by:

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to aging-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting their inclusion in and contribution to all areas of community life.

About the Age-friendly Saskatoon Initiative

The Saskatoon Council on Aging (SCOA) launched Phase 1 of the *Age-friendly Saskatoon Initiative* in February 2011 as the first step in the proposed implementation of the World Health Organization (WHO) Age-friendly City model. This initiative advances SCOA's overall vision of "Positive Aging for All" and is intended to support older adults in leading healthy independent lives and in being active and socially engaged.

A prime motivator for the *Age-friendly Saskatoon Initiative* was a recognition that, since there is no provincial or municipal strategy for seniors, older adults in Saskatoon have had a limited public voice and have not been adequately engaged in the development of policies and programs directed towards addressing their needs and concerns and those of their caregivers.

The aims of the *Age-friendly Saskatoon Initiative* were to:

- promote civic engagement and volunteerism among Saskatoon's older adults;
- gather baseline information and to define and describe the contexts, issues, needs and factors promoting/hindering positive aging in an age-friendly community for Saskatoon and environs; and
- provide a common foundational planning document for community-based organizations, seniors' groups, and governments to support the development and coordination of their policies, programs and services directed toward older adults.

The *Age-friendly Saskatoon Initiative* Steering Committee adopted the research design outlined by the WHO Age Friendly Cities Model. The first phase of this multi-phased model involves the completion of a community assessment. Following the WHO guidelines for the community assessment a combination of focus groups, surveys and interviews were used to collect and analyze the views of older adults, caregivers, and agencies that serve older adults. The participants were asked to share their experiences with respect to growing older in Saskatoon and to provide their ideas and suggestions to make Saskatoon more age-friendly.

About the Participants

The objective of the sampling design for the study was to achieve representation of the following groups:

- older adults in the various geographic areas (neighbourhoods) in Saskatoon and the rural areas in the immediate environs of Saskatoon;
- formal and informal caregivers;
- older adults with various health and mobility challenges;
- various income levels in the population;
- Aboriginal and immigrant communities;
- business community;
- various community-based organizations and public agencies serving seniors.

The study involved over 500 participants, including 23 focus groups with 198 participants; 302 completed responses to the Age-Friendly Saskatoon Survey; and ten interviews of selected individuals. All areas of the city were included in the participant sample.

Summary description of participants:

- median age was 74.4 years
- 69.1 percent were female and 30.9 percent were male
- 85.2 per cent were retired
- 75.5 per cent had incomes of \$60,000 or less
- 79.2 per cent indicated they were in good or excellent health
- 31.7 per cent indicated they had health problems that limited their ability to perform normal daily activities
- 58.9 per cent had a college or university level of education
- the vast majority of the survey respondents were living independently with only 6.3 per cent in an assisted-living accommodation
- 38.7 per cent resided in a house, 37.0 per cent in an apartment, and 24.2 per cent in a condominium
- 61.8 per cent owned their residence and 38.2 per cent rented their residence
- 40.4 per cent lived alone and 48.9 per cent lived with a spouse/partner
- 51.7 per cent lived in the two mature Development Areas of the Core and Nutana

Summary of demographic characteristics of participants

As a summary of the demographic description of the 500 participants in this study, the following profile of the typical participant has been presented:

Profile	Range
Female senior 74.4 years of age	Gender: Male 30.9%; Female 69.1% Status: Senior 83.9%; senior/caregiver 11.0%; other 2.3% Age: under 60 8.9%; 60-69 25.1%; 70-79 36.5%;80-89 24.0%; 90+ 5.9%
Retired Income below \$60,000	Status: retired 85.2%; work part time 7.0%; work full time 7.8% Income: under \$30K 33.8%; \$30-\$60K 41.7%; over \$60K 24.5%
In excellent/good health No activity limitations	Health: Excellent/good 79.2%; fair/poor 20.8% Limitations: Yes 31.7%; No 66.3%
College/university education	Primary 9.3%; Secondary 31.9%; college/univ. 58.9%
Independent Live alone or with spouse	Independent 93.7%; assisted living 6.3% Alone 40.4%; with spouse 48.9%; plus others 10.7%
Resident in house or apartment	Residence: house 38.7%; apartment 37.0%; condo 24.2%
Owner of residence	Owner 61.8%; renter 38.2%
In a mature neighbourhood	Core/Nutana 51.7%; Lakewood/Lawson 28.3%; Univ. Heights/Confederation 13.4%; and rural 6.6%

To complement the focus group and survey stages of data collection, assessments of major organizational participants and selected sub-groups of the population not represented in the sampling were also obtained. Representatives from the following organizations and other individuals were invited to provide observations, share information on current activities, and identify issues associated with the age-friendliness of Saskatoon and area:

- The Saskatoon Health Region
- City of Saskatoon
- University of Saskatchewan
- Affinity Credit Union
- Saskatoon Seniors Fitness Association
- Saskatoon Housing Authority
- Saskatoon Police Services
- Saskatoon Fire and Protective Services
- Saskatoon Public Library
- City Transit
- United Way
- Individuals from groups not otherwise represented: First Nations elder; homosexual couple; immigrant; and blind individual.

The Age-Friendly Saskatoon Initiative (Phase 1) was funded by the Government of Canada through the New Horizons for Seniors Program and Affinity Credit Union.

KEY DIMENSIONS OF AN AGE-FRIENDLY CITY: COMMUNITY VOICES

The purpose of the assessment component of the SCOA *Age-friendly Saskatoon Initiative* was to gather baseline information and to define and describe the contexts, issues, needs and factors promoting/hindering positive aging in an age-friendly community for Saskatoon and environs.

Here is a sample of questions asked:

- What's it like to step outside your home to go for a walk, run errands, or visit?
- Is your home located conveniently for your needs?
- Does your community include you (as an older adult) in activities and events?
- What is your experience with services for older adults?

The answers from participants – in the survey, focus groups and interviews – provides a rich source of information about our city. While most participants considered Saskatoon a great place to live, they also identified barriers to age-friendliness and suggested ways to make Saskatoon a better city.

Results of the analyses of the quantitative and qualitative data collected through the survey, focus groups and interviews are presented for each key dimension.

To the general question— *Is Saskatoon an age-friendly city?* — most participants replied: yes in the summer, and no in the winter. Answers varied depending upon the individual's financial resources, available support systems, health status, level of mobility and neighbourhood.

Participants identified the need for public and private institutions to adopt an age-friendly policy lens when planning and implementing programs and services within the community and to consult and collaborate with older adults in developing services that directly impact them.

1. OUTDOOR SPACES AND BUILDINGS

Does the natural and built environment help older people get around easily, safely and encourage active community participation?

Positive Attributes

- Saskatoon is a clean, beautiful city with many opportunities for community participation including: attendance at various indoor and outdoor events in the summer; well-maintained and accessible parks, paths and trails; good sidewalks in newer areas, with ramps and cuts that accommodate older adults with limited mobility; well-lit streets; police patrols and community education initiatives to support safety; good access to public buildings, including automatic doors, good ramps and/or elevators; acceptable access inside buildings and accessible public restrooms.

Identified Needs

- Winter related barriers (recognized not fully resolvable) reduce accessibility, mobility and opportunities for social and civic engagement. Some older adults, particularly those with limited mobility, become housebound. Poor snow/ice clearance on sidewalks, paths and trails and public transport stops is a safety and accessibility issue.
- Infrequent and poor pedestrian crossings to parks and trails, safety (especially at night), limit access. Benches and other seating arrangements varied by neighbourhood.
- “Sidewalks and streets need work” particularly in older areas of the city where many older adults live. Also noted: “Saskatoon was designed for drivers and not pedestrians” and joint use of pathways by pedestrians and cyclists was identified as a safety concern.
- Access to neighbourhood services, such as grocery stores, is an important determinant of where older adults chose to live.
- Lack of access may also related to lack of strength (such as opening doors), limited mobility and/or need for mobility aids.

Suggestions for Improvement

- Improve snow/ice clearance and removal, particularly from paths and sidewalks, inclines on sidewalks and bridges, at crosswalks and at public transportation stops.
- Provide alternative winter facilities that allow for similar opportunities that parks and trails do in the summer.
- Promote social and civic engagement of older adults and reduce “ghettoization” through more intergenerational events and activities throughout the year.
- Engage volunteer groups of older adults to provide support services for park, path and trail maintenance.

- Enhance accessibility... consider creating seating areas in the concept of “public squares”; promote walking as a central mode of transportation; provide better public washrooms for those with limited mobility, better street lighting at crosswalks, longer crosswalk timings and voice-instruction, improved signage and enhanced regulations at crosswalks, education for citizens on safe practices, and “divided walkways” for pedestrians and cyclists on paths and trails with a clear protocol that is enforced for both groups.
- Expand affordable services for older adults such as snow removal, lawn care and home maintenance, and accommodate city services for use by older adults (e.g. placement of garbage dumpsters).
- Review policies, practices, regulations and awareness activities regarding safety and accessibility and promote “caring community” concepts such as Neighborhood Watch, safe-walk services for older adults. Open dialogue between police services and older adults.
- Engage businesses in developing processes to make their services age-friendly.

2. TRANSPORTATION

Can older persons travel wherever they want to go in the community conveniently and safely?

Positive Attributes

- Road and driving conditions in the summer are satisfactory.
- Able-bodied participants believe that the number of “handicapped parking” spots is adequate. They indicated that public transportation and specialized transportation services (such as Access bus and newer buses that can accommodate wheelchairs) are accessible and reliable for those that can afford them and scheduling information can be retrieved online.

Identified Needs

- Most participants did not use or rarely used public transportation, citing various reasons and barriers.
- There is reduced availability of public transportation in the evenings, on weekends and over holidays and the lack of transportation options for those in rural surrounding areas who are accessing Saskatoon city services.
- Many older adults lack information about public transportation and do not find this information to be easily accessible.
- Safety concerns were expressed, including navigating bus stops at unpaved boulevards and over snow mounds, using buses after dark, and buses starting up before the older adults can be seated.
- Frequently there is too great a walking distance and no seating or rest options between bus stops, parking spots and destination points, particularly downtown and at the hospitals.
- Some bus stops and parking spots are inaccessible in the winter due to inadequate snow and ice clearance.
- Options, such as wheelchair taxis, the Access bus program, and volunteer drivers were cited as either being not readily available or too costly for older adults.

Suggestions for Improvement

- Suggestions to improve transportation options included enhanced drop-off options, longer maximum parking times and reduced parking fees at hospitals, “park and go” shuttles from parking lots, a courtesy parking option for seniors that are unable to walk several blocks from their parking spot to their destination.
- Invite seniors and persons with disabilities to provide input into the evaluation of accessibility between hospital parking lots and bus stops to hospital entrances and from lots and stops to admissions and outpatient clinics.
- Provide additional handicap parking, especially downtown, with adequate space to maneuver a wheelchair and assist the passenger in and out of the vehicle.
- Reserve some bus seats for seniors.

3. HOUSING

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

Positive Attributes

- Present day housing and overall design features of homes are satisfactory.
- Home insurance is available and affordable.
- There are a variety of assisted living options for those that can afford them.
- There are services and programs in Saskatoon that support “aging in place”.

Identified Needs

- There is a lack of affordable housing options and long waiting lists; assisted living options and personal care homes are expensive and are therefore not an option for lower income seniors.
- Contemporary design of housing options for older adults tends to reflect a lack of understanding of seniors’ needs and abilities (e.g. poor positioning of controls, restrictions for those with mobility aids) and these shortcomings reduce the safety and independence of older adults.
- There is a lack of information available to the public on grants for home modifications, which can be costly, and a lack of affordable indoor and outdoor home maintenance assistance.
- The restrictions on home care and the high cost of private services were seen as major barriers to older adults remaining in their own homes.
- Concern was expressed about current models of seniors housing, which separate older adults from the rest of the community.

Suggestions for Improvement

- Undertake an evaluation of factors that would assist older adults to remain in their own homes if they choose to do so.
- Undertake more research on options along the housing continuum, specifically affordable housing for low to middle income seniors and intergenerational housing models.
- Provide needed information and assistance to older adults and their families about planning proactively for future housing options, including grants and programs that assist with housing issues.
- Make incentives and subsidies more available as a means of supporting older adults to “age in place”. For low-income seniors for instance, this would include tax deferral options and an individual subsidy that would enhance health care options.
- Include an age-friendly section on home maintenance, support and care-giving services in the SaskTel telephone book.
- Consult with older adults when planning and developing of “seniors” housing options.
- Housing options that are advertised as being specifically for older adults should be required to meet certain criteria and standards.

4. SOCIAL PARTICIPATION

Do older persons have opportunities for developing and maintaining meaningful social networks in their neighbourhoods? Are their need and preferences considered in planning by a diverse range of agencies and institutions?

Positive Attributes

- The types of venues for social activities and events available are generally appropriate for most older adults and there is a wide range of events and activities that older adults can choose to participate in.
- There is a variety of means through which social activities and events are promoted.

Identified Needs

- Some venues for social events and activities reduce the involvement of older adults with limited mobility because of accessibility issues, cost and convenience of transportation to venues.
- Affordability of events can be a key barrier to participation
- Older adults with mobility limitations felt that there is less opportunity for social interaction than for able-bodied seniors.
- There is a lack of options for intergenerational engagement.
- There is a lack of awareness of programs and services in Saskatoon that specifically address the isolation of older adults.
- The increasing use of electronic means of advertising of events and activities put some older adults at a disadvantage if they were not adept with computers.

Suggestions for Improvement

- Affordable and accessible transportation and adequate snow clearing are imperative in engaging older adults within the community.
- Social and recreational activities planned with and for older adults need to account for a range of abilities and incomes.
- Provide community outreach programs and services specifically designed for at-risk older adults.
- Provide intergenerational activities, events, services and programs as a means of reducing isolation.
- Explore the feasibility of income-adjusted rates for older adults (for example, seniors' rates at leisure centres).

5. RESPECT AND SOCIAL INCLUSION

Are public services, media, businesses, faith communities and the public respectful of the diversity of needs among older adults and are they willing to accommodate them in all aspects of society?

Positive Attributes

- Overall older adults are treated respectfully in the community and by services providers.
- Older people are generally visible and depicted positively or celebrated in the media and images of aging are generally positively portrayed.
- Community activities to some degree allow to some degree for intergenerational interaction.
- The community recognizes older adult contributions.

Identified Needs

- There is a lack of inclusion of older adults, especially individuals of limited ability, in processes to identify specific needs and preferences and determine how needs can be better addressed.
- Inclusivity does not always reflect ethnicity, sexual orientation, disability and mental illness.
- Ageism and other sources of discrimination contribute to the root causes of disrespect and isolation in the community.
- New technologies have the potential to exacerbate generational divisions.

Suggestions for Improvement

- Develop awareness programs, educational materials, and sensitivity training to counter the stereotypes of ageism.
- Ensure eligibility and rights are the same for all older adults, including those perceived to be different or those with disabilities.
- Promote social inclusion programs through intergenerational programs such as “adopting a grandparent” or involving older adults in schools for story-telling and writing activities.
- Engage older adults by taking advantage of school-sponsored community participation programs.
- Promote discussion forums on societal changes between younger generations and older adults could.

6. CIVIC PARTICIPATION AND EMPLOYMENT

Do older persons have opportunities to participate in community decision-making? Do they have opportunities to contribute their experience and skills to the community in paid or unpaid work?

Positive Attributes

- There are numerous opportunities available to engage older adults in a full-range of volunteer work and civic participation.
- Older adults are a valuable resource to the volunteer sector, contributing a wealth of knowledge and experience. Many options are available to engage in a full-range of volunteer work.
- Generally, older adults are recognized and appreciated for their contributions.

Identified Needs

- There a number of inaccurate perceptions to be addressed; older adults have nothing to do but volunteer; older adults are not as valuable on Boards of Directors and committees as younger adults who are still in the work force and have more current connections and networks.
- Lack of reimbursement of volunteers' expenses such as parking and transportation costs prohibit full participation of many older adults.
- Older adults seeking employment largely feel rejected by employers. There is a perceived hesitation in hiring seniors, due to tax disincentives and pension regulations, despite the abolishment of mandatory retirement.

Suggestions for Improvement

- Establish a volunteer ombudsman or clearing-house to match volunteers with needs and opportunities in the community.
- Explore models of compensating older adult volunteers (for example, through tax credits or reimbursement of transportation and parking expenses).
- Encourage companies and organizations, particularly those serving older adults, to ensure older adult representation on their boards along with publicizing board openings.
- Develop internship-type programs to facilitate the sharing of older adults' valuable experience with younger people.
- Promote the political engagement and activity of older adults, in addressing issues of concern to them.
- Ensure training programs are readily available to older adults who want and are able to work.
- Address tax implications for older adults accessing paid employment; expand allowable employment income and minimize the impact on pension plans and other related considerations (i.e. potential for loss or reduction of benefits).

7. COMMUNICATIONS AND INFORMATION

Are older persons aware of the diverse range of programs and services available within the community? Is information readily available, appropriately designed and delivered to meet their needs?

Positive Attributes

- There are many programs and services that provide older adults with necessary information to meet their various needs. For example, public forums such as the Alzheimer Society's family series and Saskatoon Council on Aging Caregiver forums.
- Credit unions, banks and supermarkets that provide friendly one-on-one assistance to clients experiencing difficulty with automated machines were commended.
- SaskTel's "Voice Carry Over Phone" is very useful and affordable for people who are hard of hearing.

Identified Needs

- Older adults with lower education levels, without family, with low incomes, and lacking in computer skills or computer access have difficulty obtaining information on matters of vital importance to their health, services, housing, and finances.
- Gaps in communication between service providers are a concern.
- Methods of communication used by service providers, such as small print size in written materials and non-user friendly telephone answering services are obstacles to building awareness of programs and services among older adults.

Suggestions for Improvement

- Expand the SCOA Directory of Services and Activities, and make it available in locations such as hospitals, clinics, and other health settings.
- Encourage older adult service providers to use plain language in concise sentences; print materials produced with large, easily readable fonts, simple formats and good colour contrast.
- Promote adaptations to electronic equipment, such as large buttons and lettering.
- Develop training programs to increase older adults' skills and comfort level with technologies, delivered by high school students, teachers and other seniors.
- Provide one-on-one assistance of skilled interpreters (language or hearing difficulties) as well as classes and one-on-one support for life skills.

8. COMMUNITY AND HEALTH SERVICES

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

Positive Attributes

- Saskatoon has a wide range of health care and community services including: physicians; public health nurses; palliative care; specialty services; respite beds; day programs; medical equipment on loan; educational and support programs; and home supports that include personal care, housekeeping, meal programs, delivery services and escorted shopping.
- The community clinic is noted for its accessibility and provision of a number of health services under one roof.
- Professional service staff are generally respectful and helpful.

Identified Needs

- There are shortages of geriatric inpatient beds, geriatricians and geriatric services, mental health and addictions services for seniors, and palliative care beds.
- There are shortages of meal and grocery delivery programs for seniors who do not qualify for Meals On Wheels.
- Older adults moving to Saskatoon often experience difficulty finding family doctors who will accept new patients.
- Older adults requiring considerable care are challenged by health services efficiency measures that may include limited time for medical appointments and policies on “one appointment, one problem”.
- There is a perceived inadequacy of regulations in the personal care home and supportive housing sectors, resulting in issues around quality of care and staffing.
- Economic barriers exist for some older adults to obtain health and community support services; families must manage the financial and other burdens of providing ongoing care to older relatives, while facing challenges in accessing information about the older adult’s health conditions and the services that are required.
- Older adults may be separated from their spouses or family members because they need specialized care, which is difficult for all involved, emotionally and financially.

Suggestions for Improvement

- Encourage governments to make the necessary changes required to public policy and service provision to support the longer life expectancies.
- Re-evaluate policies and programs that currently cause high social and financial costs for older adults.
- Develop programs that offer financial assistance to individuals based on care needs, rather than subsidies attached to facilities.
- Address the affordability challenges of older adults on low income, for health services such as ambulance, dental care and aids, more affordable for seniors on low incomes.

- Eliminate efficiency measures in the health care system that have negative impact on seniors.
- Improve regulations for personal care homes, retirement homes, assisted living facilities and enriched housing models.
- Enhance staff training and frequent monitoring.
- Develop resources to enable couples to stay together when one develops significant care needs.
- Eliminate terminology such as “involuntary separation”; it causes confusion and pain about marital status.
- Establish greater priority to support seniors requiring greater care, to live in their own homes, including: increased home care services and housekeeping services available on a longer-term basis; more day program spaces and respite beds; and the expansion of grocery and meal delivery programs and transportation services for seniors.
- Establish an ombudsman for persons in care.
- Provide age-friendly information and training resources for health and community services staff, including training on cultural sensitivity, geriatrics, chronic diseases, palliative care, the musculoskeletal system, living with disabilities, ageism, sexism, and interviewing skills.

SUMMARY OF INTERVIEWS WITH ORGANIZATIONS AND INDIVIDUALS FROM GROUPS NOT OTHERWISE REPRESENTED

Data from the interviews with the major organizational participants showed that these groups are largely aware of the major issues facing seniors and are acting on this awareness. While there are many organizational initiatives underway, the availability of financial and other resources limited the ability of the organizations to fully address the multiple areas of need. However, it was clear that many of the positive comments on the age-friendliness of Saskatoon outlined in the previous sections were a result of the deliberate and focused actions of these organizations. Their ongoing awareness of issues and challenges faced by older adults, and efforts to address them, offer hope for further advancements in community age-friendliness.

An outcome of the interview data was the confirmation of the heterogeneous nature of the older adult population and their needs. For example, seniors interviewed that were also First Nations, immigrants, or gays and lesbians, have concerns in common with the general senior population, as well as significantly unique characteristics that demand separate and distinct treatment. Both commonalities and uniqueness must be addressed in Phase 2 of the *Age-Friendly Saskatoon Initiative*.

THE WAY FORWARD

The goal of the first phase of the *Age-friendly Saskatoon Initiative* was to complete an assessment of the age-friendliness of Saskatoon, along the eight dimensions outlined by the World Health Organization. This findings report is the culmination of that first phase.

This report describes positive and age-friendly attributes of our community. It also identifies aspects of the city that require work to improve its age-friendliness so that it is a community that fully supports the dignity, health and independence its older citizens. The completion of Phase 1 of the *Age-friendly Saskatoon Initiative* provides the critical foundation necessary for future policy development and program implementation.

The project was managed by a Steering Committee composed of community volunteers and representatives from community agencies. Much of project work was undertaken by older adult volunteers. Older adults themselves have identified the desire for meaningful participation and involvement in the planning and development of future age-friendly initiatives. They also emphasized the importance of acknowledging and recognizing the diverse needs of older people in the community when considering future directions.

The following describes next steps of the *Age-Friendly Saskatoon Initiative*. SCOA has submitted a grant proposal to the New Horizons for Seniors program for funding to undertake Phase 2.

Phase One - Assessment Phase - Completed Fall 2011. 500+ participants

Phase Two - Action Planning and Seniors Strategy Development

- **Step One** - Transition from Phase One to Phase Two: October 2011 to January 31, 2012
 - a) Maintain momentum and engagement; reviews of Phase One reports and designing of Step Two data gathering instruments and administrative procedures.
 - b) Documentary and directory scans and compilation; continue literature review.
- **Step Two-A** – Determine current community resources and identify gaps: February 1, 2012 to April 30, 2012
 - a) Compilation of current activities and current five-year plans; asset map
 - b) Review findings report (Phase One) with partner organizations; gap analysis
 - c) Review gap analysis with participating and partner organizations; gap report
- **Step Two-B** - Policy Review and Development of Policy/Principles Framework - February 1, 2012 to September 1, 2012
- **Step Three** - Action Planning - April 2012 to October 2012
 - a) Review action plans and gap analysis with organizations
 - b) Promote development of activity linkages for partnerships;

- **Step Four** -Seniors Strategy and Strategic Plan - 2013-2018 – September 2012 to January 2013. Development, review and adoption of Seniors Strategy and Strategic Action Plan.

Saskatoon's aging population will have significant impact on services and programs provided by key stakeholders in the community. The demands of increasing numbers of older adults will shape the future policy direction and action needed to create a community for all ages

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Age-friendly Saskatoon Initiative Steering Committee:

- Honorary Chairperson: Dr. Vera Pezer, Chancellor, University of Saskatchewan
- Co-chairs: Candace Skrapek and Dr. Murray Scharf
- SCOA representatives: Muriel Baxter and Mercedes Montgomery
- Community Champions: Herve Langlois and Myrna Bentley
- Saskatoon Regional Health Authority: Dave Gibson, Director of Continuing Care and Seniors Health
- City of Saskatoon: Lynne Lacroix, Manager Community Development, Community Services Department
- University of Saskatchewan: Dr. Donna Goodridge Faculty Member College of Nursing and Dr. Haizhen Mou Faculty Member School of Public Policy
- Saskatoon Housing Authority: Eleanor Cardoza, Board Member
- Saskatoon Public Library: Gwen Schmidt, Coordinator Outreach Services
- Project Coordinator: Shafalta Basnyat

Age-friendly Saskatoon Initiative Working Committees:

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- Murray Scharf
- Herve Langlois
- Elliot Paus Jenssen
- Haizen Mou
- Donna Goodridge
- Shafalta Basnyat
- University of Saskatchewan-Saskatchewan Educational Leadership Unit

Communication:

- Myrna Bentley
- Candace Skrapek
- Dave Gibson
- Mercedes Montgomery
- Shafalta Basnyat
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Age-friendly Saskatoon Initiative Partner Organizations:

- City of Saskatoon
- University of Saskatchewan
- Saskatoon Health Region
- Saskatoon Public Library
- Saskatchewan Abilities Council
- Saskatchewan Seniors Fitness Association
- Services for Seniors
- Saskatoon Housing Authority
- Saskatoon Community Clinic- Kokums Group

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Appendix A: Focus Group Discussion Tool

AGE-FRIENDLY SASKATOON INITIATIVE

Core definitions and parameters

Active Ageing The project rests on the premise that an age-friendly city promotes active ageing. Active ageing is "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (Active Ageing: A Policy Framework, WHO, 2002).

An age-friendly city:

- recognizes the great diversity among older persons
- promotes their inclusion and contribution in all areas of community life
- respects their decisions and lifestyle choices, and
- anticipates and responds flexibly to aging-related needs and preferences.

In an age-friendly community, there is a culture of inclusion shared by persons of all ages and ability levels. Policies, services and structures related to the physical and social environment are designed to support and enable older people to "age actively", that is, to live in security, enjoy good health and continue to participate fully in society.

Focus on Cities

Cities are the hub of human activity and progress. In the developed world, three-quarters of older persons live in cities already. The convergence of rapid demographic ageing and rapid urbanization makes it critical to design cities to support and enable the massive increase of older residents. Making cities age-friendly is one of the most effective policy approaches for responding to demographic ageing. Major urban centres have the human, economic and social resources to make innovative age-friendly changes. Cities also are poles of attraction and trend-setters for their countries, and sometimes for the world.

Focus on Specific Neighbourhoods or Districts within Cities

It is recognized that within larger urban agglomerations, residents typically live, contribute, socialize, play, and obtain goods and services in smaller and often very distinct neighbourhoods or districts which are commonly known, if not administratively defined.

2.4 AgeFriendly Manitoba Community Discussion Suggestions

The 8 key dimensions of age-friendly communities...

1. Outdoor Spaces and Buildings

What is it like to step outside of your home, to go for a walk and enjoy the fresh air, to run errands or to visit?

Consider –

- Being able to easily access
- Sidewalks, pathways and trails – are maintained and useable
- Parking availability and safety – ice and snow free, drop-off areas
- Streets and pedestrian crossings – good lighting, adequate time to cross

What is it like to go into buildings such as public offices and stores?

Consider –

- Building entrances – ramps, doors, stairs
- Location of accessible washrooms
- Public and rest areas
- Safety – police patrols, lighting
- Services available

2. Transportation

What is it like to drive in your community?

Consider –

- Roads – lighting, signage
- Parking – locations, regulations, number of handicap parking spots
- Snow removal

What is the public transportation system like in your community?

Consider –

- Community transportation services, shuttle services, volunteer availability
- Assisted transportation for people with disabilities
- Public transportation – available, costs, reliable, accessible, frequent
- Information about transportation – cost, timetables

3. Housing

Is where you live convenient for your needs and what you want to do?
If your needs change, what are your choices for housing in the community?

Consider -

- A choice of affordable options either for sale or rent
- Do the choices include independent living, assisted living (meals, cleaning, social activity), subsidized housing

- Long-term care – are there choices so family is close by
- If you want to stay where you are, are supports available like help with maintaining your home
- Do you feel safe in your home

4. Respect and Social Inclusion

In what ways does your community show, or not show, respect for older people?

Consider -

- Assistance provided when needed
- Seniors are addressed respectfully
- Service staff are helpful and courteous
- Seniors are not stereotyped
- Community and school activities bring generations together
- Seniors are consulted for their knowledge
- Seniors are asked to participate
- Seniors are recognized for their contributions

5. Social Participation

How easily can you socialize in your community?

Consider -

- If there is a range of events and activities for seniors of all ages
- Activities and events are affordable
- Visiting is provided for those who are home bound
- Affordable transportation is available to activities and events
- Activities and events are well publicized

6. Communication and Information

What is your experience getting the information you need in your community, for example, about services or events?

How do you get information – phone, radio, tv, in print, or in person?

Consider –

- How interesting information is provided
- Reliable information is easily available from the local government and organizations
- There is a central directory about available activities and services
- Communication is easy to understand
- Information is easy to find
- Information is easy to read
- New technologies, such as banking services are easy to use
- Telephone answering services are easy to understand and to follow instructions
- There is access to the internet in public places like a library

7. Civic Participation and Employment Opportunities

Can seniors participate in volunteer work, public affairs, community associations, municipal councils and paid work?

Consider –

- Support for volunteer work, like reimbursement of costs, transportation
- A choice of volunteer opportunities
- Employment choices are available
- There is accommodation for seniors with disabilities
- Seniors are encouraged to participate
- Training is offered
- Seniors are recognized and appreciated for their contributions
- Seniors are well represented on councils, boards, and committees

8. Community Support and Health Services

What is your experience with the services in your community to help older persons?

Consider –

- Availability of professional health services
- Medical equipment is available on loan when needed
- Wellness and clinic services include a range of services in one place
- Available and affordable home services are available like personal care and housekeeping
- Home supports are available when needed
- There are affordable meal programs
- Delivery services are available for groceries and medications
- Health and social services are conveniently located and accessible
- Seniors are considered and informed of emergency plans
- Specialty services are available like mental health, screening such as diabetes, palliative care
- Caregivers can take a break with help such as home support and senior day programs

Appendix B: Survey Tool

Age-friendly Saskatoon Survey

NO. 2 PENCIL	
RIGHT	WRONG

- USE PENCIL ONLY
- Fill in Bubble Completely
- Erase Completely to Change

We would like to know your view of age-friendly Saskatoon.
First, we ask for some information about you so that we may describe the overall characteristics of our participants. The survey follows these questions.
CAREGIVERS - If you are a caregiver representing an older adult, think about how these questions would pertain to that individual.

Age at last birthday?

<input type="checkbox"/> Under 60	<input type="checkbox"/> 65-69	<input type="checkbox"/> 75-79	<input type="checkbox"/> 85-89	<input type="checkbox"/> 95-99
<input type="checkbox"/> 60-64	<input type="checkbox"/> 70-74	<input type="checkbox"/> 80-84	<input type="checkbox"/> 90-94	<input type="checkbox"/> 100 or more

Gender?

Male Female

Present Employment Status?

Retired Work Part time Work Full time

Please indicate your present occupation or, if retired, major pre-retirement occupation?

Your household income?

less than \$30,000
 \$30,000-\$60,000
 over \$60,000

Your judgment of your current health?

Excellent Fair
 Good Poor

Do you have any health problem that limits your ability to do your normal daily activities?

Yes No

What is the highest level of schooling you completed?

Primary School Secondary School College or University

Your Independent status?

Independent Assisted living

Residence type?

House Apartment Condo

Rent or Own home?

Rent Own

Who lives with you? (check all that apply)

No one else but me Spouse or partner Children Other relatives Non-relatives

What is the total number in your household?

1 2 3 4 5 more than 5

Your neighborhood where you live?

<input type="checkbox"/> Adelaide/Churchill	<input type="checkbox"/> Diefenbaker	<input type="checkbox"/> Kelsey-Woodlawn	<input type="checkbox"/> Pacific Heights	<input type="checkbox"/> Westmount
<input type="checkbox"/> Arbor Creek	<input type="checkbox"/> Dundonald	<input type="checkbox"/> Kensington	<input type="checkbox"/> Parkridge	<input type="checkbox"/> Westview
<input type="checkbox"/> Avalon	<input type="checkbox"/> Eastview	<input type="checkbox"/> King George	<input type="checkbox"/> Pleasant Hill	<input type="checkbox"/> Wildwood
<input type="checkbox"/> Blairmore	<input type="checkbox"/> Erindale	<input type="checkbox"/> Lakeview	<input type="checkbox"/> Queen Elizabeth	<input type="checkbox"/> Willowgrove
<input type="checkbox"/> Brevoort Park	<input type="checkbox"/> Evergreen	<input type="checkbox"/> Lakewood	<input type="checkbox"/> Richmond Heights	<input type="checkbox"/> The Willows
<input type="checkbox"/> Briarwood	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Lakeridge	<input type="checkbox"/> River Heights	<input type="checkbox"/> Or.....
<input type="checkbox"/> Buena Vista	<input type="checkbox"/> Fairhaven	<input type="checkbox"/> Lawson Heights	<input type="checkbox"/> Riversdale	<input type="checkbox"/> Aberdeen
<input type="checkbox"/> Caswell Hill	<input type="checkbox"/> Forest Grove	<input type="checkbox"/> Massey Place	<input type="checkbox"/> Rosewood	<input type="checkbox"/> Clavet
<input type="checkbox"/> Central Business Dist.	<input type="checkbox"/> Greystone Heights	<input type="checkbox"/> Mayfair	<input type="checkbox"/> Silverspring	<input type="checkbox"/> Corman
<input type="checkbox"/> City Park	<input type="checkbox"/> Grosvenor park	<input type="checkbox"/> Meadowgreen	<input type="checkbox"/> Silverwood Heights	<input type="checkbox"/> Dalmeny
<input type="checkbox"/> CN Industrial	<input type="checkbox"/> Hampton Village	<input type="checkbox"/> Montgomery Place	<input type="checkbox"/> Stonebridge	<input type="checkbox"/> Dundurn
<input type="checkbox"/> College Park	<input type="checkbox"/> Haultain	<input type="checkbox"/> Mount Royal	<input type="checkbox"/> Sutherland	<input type="checkbox"/> Martensville
<input type="checkbox"/> College Park East	<input type="checkbox"/> Holiday Park	<input type="checkbox"/> North Park	<input type="checkbox"/> Sutherland	<input type="checkbox"/> Vanscoy
<input type="checkbox"/> Confederation	<input type="checkbox"/> Holliston	<input type="checkbox"/> Nutana	<input type="checkbox"/> University Heights	<input type="checkbox"/> Warman
<input type="checkbox"/> Confederation Park	<input type="checkbox"/> Hudson Bay	<input type="checkbox"/> Nutana Park	<input type="checkbox"/> Varsity View	<input type="checkbox"/> Other: Please specify

Part Two: The Survey

What is needed to make outdoor spaces and buildings age-friendly?

1. Outdoor Spaces and Buildings

What is it like to step outside of your home - to go for a walk and enjoy the fresh air, to run errands or to visit?

ENTRANCES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Are accessible and free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are well lit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have wheelchair sloped entry ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are non-slip with level wheelchair access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors are easy to open by someone using a walker or in a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDEWALKS, PATHWAYS, & TRAILS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Are well-maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are continuous, wide, non-slip and have dropped curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have prompt snow removal and snow is removed or piled out of the way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have useable and spaced benches that are well maintained and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARKING	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Parking lots are safe to walk and ice free to prevent falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available parking is well-maintained and located nearby for easy access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop-off and pick-up areas are available, obstruction free, clearly marked, and conveniently located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a sufficient number of handicap accessible parking spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STREETS AND PEDESTRIAN CROSSINGS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Are well-maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have good lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have safe pedestrian crossings with non-slip markings, visual and audio cues and adequate crossing times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrians have the right of way at intersections and crossings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is it like to go into buildings such as public offices and stores?

BUILDINGS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Entrance doors are easy to open by someone in a wheelchair or walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are automatic doors with accessible buttons that are open long enough to allow people with wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are no or as few stairs as possible, inside and outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The flooring is non-slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washrooms are located on the main floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washrooms are large enough for wheelchairs, walkers and strollers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs are easy to read outside and inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is sufficient seating for patrons to rest or to use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevators and/or ramps are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs are safe and have railings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are grouped together, located in close proximity to where older people live, (grocery stores, churches,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PUBLIC AND REST AREAS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Are clean and pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are located in appropriate areas for use and are sufficient in number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are well-maintained and safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Police patrols and community education to support safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhoods are well lit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is necessary for transportation to be made age-friendly?

2. Transportation

What is it like to drive in your community?

ROADS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Are well-maintained, well-lit and have visible easy to read signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic lines on pavement are visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roadways are clear of obstructions that block driver's vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic signs and intersections are visible and well-spaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver education and refresher courses are promoted for all drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARKING	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Parking lots and street parking is located close to amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking regulations are enforced for emergency zones and disabled parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop-off and pick-up areas are available, clearly marked, conveniently located and sufficient in number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sufficient number of disabled parking spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNOW REMOVAL	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Roads and parking areas are promptly cleared of snow and ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the public transportation system like in your community?

COMMUNITY TRANSPORTATION SERVICES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Community transport services are affordable and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is shuttle services to transport seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a volunteer and informal network of drivers available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSISTED TRANSPORTATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Persons with disabilities are able to access reliable and affordable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC TRANSPORTATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Is convenient, accessible and affordable and allows seniors to reach various destinations to conduct daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs are consistent, displayed and affordable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is reliable and frequent, including nights, week-ends and holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides complete and accessible information for users about routes, schedules and special needs facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION ABOUT TRANSPORTATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
About the range of transportation services (public and private) is available; how, where, timetables and cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes public and alternative transportation in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What improvements are necessary for housing to be age-friendly?

3. Housing

Is your housing conveniently located to meet your needs and what you want to do?

AGING IN PLACE – ARE THERE:	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Housing located close to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable supports available to enable seniors to remain at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted living options available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Alert systems” for seniors living alone to call when help is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about your HOME, is it comfortable and safe?

ARE THERE:	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Interior spaces and level surfaces that allow freedom of movement in all rooms and passageways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and commercial rental housing that are clean, well-maintained and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarmed or secure entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to maintain and modify your home as needed?

Are there: MAINTENANCE AND MODIFICATIONS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Affordable general maintenance of homes, especially for seniors on fixed incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable or free general maintenance available, e.g. yard work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable home insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readily available and easy to find information on financial assistance programs for home modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable and available home modification options and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable providers of home maintenance and modifications that understand the needs of seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LONG-TERM CARE – ARE THERE:	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Affordable long-term care options available that prevent the separation of families and the need to move out of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your needs change, what are your choices for housing in the community?

HOUSING OPTIONS - ARE THERE:	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
A range of appropriate and affordable housing options like independent living, assisted living, apartments, condos, and individual homes for seniors on fixed income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of subsidized housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing adapted for seniors and those with disabilities; e.g. wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can we show respect and include seniors in social situations?

4. Respect and Social Inclusion

How does your community show, or not show, respect for you as a senior?

RESPECT, KINDNESS AND COURTESY SHOWN	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors are treated respectfully by the whole community, including; Addressed with appropriate titles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked for input on community issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided accommodation of needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service staff are courteous and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people are visible in the media, and are depicted positively without stereotyping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERGENERATIONAL RESPECT AND INTERACTION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
There are community activities that bring generations together, e.g. recreational, social, continued learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children and youth learn how to respect and treat seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools provide opportunities to learn about aging and older people, and involve older people in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what ways does your community include, or not include you as an older person in activities and events?

INCLUSIVE COMMUNITIES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors are asked to participate at council meetings and similar activities and are recognized for their contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors are regularly consulted by public, voluntary and commercial services on how to serve them better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-wide settings, activities and events attract all generations by accommodating age specific needs and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services and products are provided to suit varying needs and preferences by public and commercial services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors who are less well-off have access to public, voluntary and private services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOGNITION EVENTS OR AWARDS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Contributions of seniors, past and current, are honoured in the community through events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors are “celebrated” through the media (e.g. stories documented and shared)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can Social Participation be made more age-friendly?

5. Social Participation

How easily can you socialize in your community?

EVENTS AND ACTIVITIES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
A range of events and activities for seniors of all ages is available, e.g.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courses, crafts and hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical / recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spectator sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church and school related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gatherings with food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All events and activities are affordable to all seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTING ISOLATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Home visits are provided for those who are home bound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate a buddy system includes seniors not normally active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The needs of seniors not interested in participating in community life are respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about your participation in other activities, like education, culture, recreation, or spiritual activities.

Events and activities are held in locations served by affordable and accessible transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY-ORIENTATED	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Events and activities are intergenerational and designed to appeal to people of different ages and backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROMOTION OF ACTIVITIES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Are well-publicized to seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of accessibility and transportation options are given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can communication and information be more age-friendly for seniors?

6. Communication and Information

What is your experience getting the information you need in your community, for example, about services or events? This can be information you get by telephone, radio, TV, in print, or in person.

TYPES OF INFORMATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
A variety of information that is of interest to seniors is disseminated, such as local events, health and safety information and health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors are visible in advertising and are depicted positively and without stereotyping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIDESPREAD COMMUNICATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Regular and reliable information about events and programs (including contact information) is widely disseminated through local government and /or voluntary organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local channels (TV and radio) advertise community events and news items of interest to seniors – for example, through “community access channels”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a central directory where older adults can find information about what activities and services are available, and how to access them (including phone numbers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and spoken communication uses simple, familiar words in short, straight-forward sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESSIBLE INFORMATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors can easily find information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printed information uses large lettering, clear headings and bold-face type on forms, tv captions, and displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy programs are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors are recruited as volunteers as: knowledgeable experts, disseminators of information, and trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW TECHNOLOGIES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Training courses on new technologies are available and accessible to seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone answering services give instructions slowly and clearly and tell callers how to repeat the phone message at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, have large buttons and big lettering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERACTIVE CONTACT (WORD OF MOUTH)	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Important information is disseminated in public forums (including public meetings and information sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An interactive speaker series is created that delivers important information (e.g., on health issues and protection against fraud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People at risk of social isolation get one-to-one information from trusted individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What kind of Civic Participation and Employment Opportunities exist for seniors ?

7. Civic Participation and Employment Opportunities

Tell us about your participation in volunteer work.

VOLUNTEERING	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Volunteers are supported in their volunteer work – for example, by providing them with transportation, reimbursing their costs and/or paying them an honorarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A range of volunteer opportunities is available that meets the interests of seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering options allow for intergenerational involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for volunteering are flexible (e.g., short-term) to accommodate seniors who travel or have other commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about your participation in paid work.

EMPLOYMENT	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
There is a range of paid employment opportunities for seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors are fairly compensated for their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplaces are adapted to meet the needs of disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employment options for seniors are promoted and supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about your participation in public community affairs, like community associations or municipal councils.

ACCESSIBILITY	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors with disabilities are accommodated in volunteer, civic or paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENCOURAGEMENT TO PARTICIPATE	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors are encouraged to volunteer and remain engaged in the community by providing them with flexible and accessible opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING OPPORTUNITIES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors expected to use newer technologies in paid, civic or volunteer work are provided with appropriate training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECOGNITION AND APPRECIATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors are acknowledged for their contributions in volunteer, civic and paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIVIC PARTICIPATION	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Seniors are well represented on councils, boards and committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What kinds of Community Support and Health Services are available for seniors?

8. Community Support and Health Services

What is your experience with the services in your community to help older persons?

CARING AND RESPONSIVE PROFESSIONALS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Physicians are available within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health nurses are available at health centres and to conduct home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialists (including gerontologists) conduct assessments on a regular basis in the community and arrange follow-up with primary care physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff are respectful, helpful and trained to serve older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME, HEALTH AND SUPPORT SERVICES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Affordable and available health and home services are in place and include health, personal care and housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home supports are available in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable meal programs are available to all seniors in the community, regardless of their health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery services (groceries, medicines, etc.) or escorted shopping services are available to seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are well-coordinated and administratively simple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health assessments are conducted during home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and social services are conveniently located and accessible by all means of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIVERSITY OF HEALTH SERVICES AND FACILITIES	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Health care facilities include clusters of services (e.g. doctors, podiatrists, OTs, pharmacists) and provide “one stop” health or wellness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable palliative care services are available in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty services are available in the community, including mental health services, health screening and specialty clinics, such as for diabetes and cancer care outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adequate range of health and community support services is offered for promoting, maintaining and restoring health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential care facilities and designated senior housing is located close to services and the rest of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health assessments are conducted during home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and social services are conveniently located and accessible by all means of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community emergency planning takes into account the vulnerabilities and capacities of seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER SUPPORT (INCLUDING RESPITE)	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Caregivers are “given a break” from their responsibilities through programs such as home support and senior day programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational programs on elder care and similar available services are provided to families who are, or will be, caring for an older adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AVAILABILITY OF EQUIPMENT AND AIDS	Strongly DISAGREE	Disagree	Agree	Strongly AGREE	Not sure
Medical equipment (including medical alerts) is available through a loan program or at no cost to seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your participation in this survey!!

Appendix C: Full Technical Report

5.0 RESULTS AND FINDINGS

The purpose of the assessment component of the Positive Aging in an Age-friendly Saskatoon Initiative was “**to gather baseline information and to define and describe the contexts, issues, needs and factors promoting/hindering positive aging in an age-friendly community for Saskatoon and environs.**” To this end, in the following chapter, the results of the analyses of the qualitative and quantitative data collected by the conduct of focus groups and interviews, and the administration of the Age-friendly Saskatoon Survey have been presented. First, the general description of the samples of respondents has been presented. Then, the results of the analyses of the qualitative and quantitative data for each key dimension have been proffered. Lastly, a summary of the trends, results and recommendations arising from the analyses have been elucidated.

5.1 DESCRIPTION OF PARTICIPANTS

5.1.1 The Samples

As a result of the invitations and solicitations for participation in the study, the following focus-group sample and survey-sample were achieved, and list of interviews were conducted. In all, 23 focus groups, with 198 participants, were conducted; 302 completed responses to the Age-friendly Saskatoon Survey were received; and, ten interviews of selected individuals were recorded.

5.1.1 Focus Groups Sample

The objective of the sampling design for the study was to achieve representation of seniors and caregivers in the various geographic areas (neighbourhoods) in Saskatoon and the rural areas in the immediate environs of Saskatoon; representation of the population of formal and informal caregivers; representation of seniors with various challenges; representation of the various income levels in the population; representation of the Aboriginal and immigrant communities; representation of the business community; and, representation from the various community-based organizations and public agencies serving seniors. In order to achieve this sampling, various agencies were asked to participate and public advertisements of the opportunities were made. The results of these invitations and solicitations have been presented in Table 1.

As shown in the Table, 23 focus groups were held and 198 individuals engaged. Seven of the focus groups were offered in the various geographic areas of the City. Although the aim had been to engage individuals from each of these areas, the events had been publicly advertised so many individuals attended groups outside their neighbourhood resulting in mixed geographic representation for focus groups. The rural sampling resulted in focus groups in Aberdeen and Martensville with each focus group drawing

from each community and its hinterland. The focus-group samplings of formal caregivers and informal caregivers were achieved.

TABLE 1
FOCUS GROUPS: MEMBERSHIP AND NUMBER OF PARTICIPANTS
(N Groups = 23; N Participants = 198)

ID Number	Focus Group Membership	N Particip	ID Number	Focus Group Membership	N Particip
	Geographic Areas			Selected Groups	
3	University Heights	7	7	Sask. Fitness Association	7
4	Lawson Heights	5	12	Abilities Council	12
6	Confederation	5	18	In Motion	15
8	Lakewood	8	24	Hard of Hearing	3
9	Core 20 th	10	25	Primary Health Centre	7
10	Mayfair	2	1	Eminent Citizens	9
15	City Park	11	14	Sask. Housing Tenants	23
	Rural		19	Services for Seniors	7
20	Aberdeen	18	11	Superannuated Teachers	10
13	Martensville/Langham	11	21	Kokum Group Sktn Tribal Council	4
	Caregivers		23	Chamber of Commerce	4
2	Formal	6	22	SCOA Board	7
5	Informal	7		Total	198

The sampling of selected groups met the sampling of the seniors with challenges (except the visually challenged), various income levels, the Aboriginal women’s community, and the service providers. However, the sampling of the elderly, and the immigrant seniors were not achieved. In order to cover the sampling gap, interviews with members from these sub-samples were held.

5.1.2 Survey Sample

As a result of the solicitations and invitations to individuals to complete the Age-friendly Saskatoon Survey, 302 completed surveys were received. About an equal number of paper and electronic responses were received. Owing to the year-end conversion of the University’s software and hardware services corresponding to our survey response window, some seniors became frustrated and failed to complete their surveys. This was one factor that limited our survey response rate. Our hope had been to receive 500+ completed surveys out of the 500 paper copies distributed and the open access to the electronic submissions - our technical hope was for at least double the number of focus-group participants. Given the anonymous nature of the survey responses, the number of individuals participating in the focus groups and completing the survey was not determined.

5.1.3 Interviews

In addition to the interviews scheduled with representatives from the various public agencies, some individuals were added in order to cover a gap in the focus-group sampling. As a result, the following interviews with representatives were conducted:

- The Saskatoon Health Region;
- The City of Saskatoon;
 - Community Services;
 - Police Department
 - Fire Department; and,
 - Transit System
- University of Saskatchewan;
- Affinity Credit Union;
- The LGBTQ community of Saskatoon;
- An ethnic community of immigrants;
- An Aboriginal elder; and,
- The visually impaired community.

5.1.2 Demographic Characteristic of Participants

The purpose of this section has been to provide a demographic description of the focus group and survey participants in this study. The question to be answered was “*Who were the participants and respondents in this study?*” The demographic characteristics chosen for measurement were those that could describe the diverse nature of the population of seniors, and could be considered components of a multiple perspective on the assessment of Saskatoon as an Age-Friendly Community.

Response rate to demographic questions. As a result of the solicitations for focus group participants and the survey, 198 individuals participated in the 23 focus groups, and 302 individuals completed the Age-friendly Saskatoon Survey – a study total of 500 individuals. As mentioned in Chapter 4, both the survey and focus group participants were asked to complete a demographic description questionnaire. While 298 (98.7%) of the 302 survey respondents completed major portions of the questionnaire, only 178 (89.9%) of the 198 focus group participants did so. Perhaps this difference in response rates arose from the general desire for anonymity and the face-to-face nature of the participation in the focus groups. However, there was no reason for us to believe that the non-respondents differed from the respondents in their demographic characteristics.

Status. As shown in Table 2, only the participants in the focus groups were asked to indicate their status by selection from the response alternatives of *senior, senior and caregiver, caregiver or other*. Of the 173 respondents, 83.9 per cent were *seniors*, 11.0 per cent were *seniors and caregivers*, 2.9 per cent were *caregivers*, and only 2.3 per cent had another status – members of the general public, health services administrators, programme-delivery social workers, and activity administrators. In short, **94.8 per cent of the focus group respondents were seniors or caregiver-seniors**. Since a similar

status item was not included on the survey, we are not able to attest to whether or not the two samples were similar on the status characteristic.

Age. While the focus group and survey respondents ranged in age from under 60 years to 95-99 years, there were differences in the samplings. As shown in Table 2, while the **median age for the total sample was 74.4 years**, the focus-group sample's median age was 71.3 years and the survey-respondent sample's median age was 76.4 – this was a 5.1 year difference in the median age of the samples. A comparison of the sample percentages of individuals 80 years-of-age and older showed that 19.5 per cent of the focus group and 36.0 per cent of the survey respondents fell in this age category (a difference of 16.5 per cent) – the total sample proportion was 29.9 per cent. It would appear the focus groups attracted a significantly younger sample of seniors and caregivers than did the surveys.

Gender. In the combined sample, the *percentage of males was 30.9 and of females was 69.1*. Again, there were notable differences between the focus-group and survey samples.

The percentage of male participants in the focus group was 35.6, and the percentage in the survey group was 28.1 per cent – a difference of 7.5 per cent. Conversely, the percentages of females in the two samples were 64.4 and 71.9, respectively. This gender difference may be related to the age difference between the two samples and the corresponding differences in the population.

Present employment status. As shown in Table 2, the *vast majority, 85.2 per cent, of the participants, were retired*. The percentages working full-time and part-time were 7.8 and 7.0 per cent, respectively. Again, there were sampling differences in that more participants in the focus groups were working than in the survey group. This may be an artifact of the age and sex differences between the two samples.

Household income. Household income data were sought only from the survey respondents. Of these respondents, *75.5 per cent had incomes of \$60,000 or less*: 33.8 per cent had incomes under \$30,000, and 24.5 per cent had incomes over \$60,000. Given the other differences between the samples, particularly the age difference, the household income reported here may be a conservative estimate of the income of the population of seniors in Saskatoon. On the other hand, the electronic mode of the survey-data collection may have resulted in the introduction of a bias that favoured those with higher incomes in the sampling. *The comment was frequently made at the focus groups that the assembled participants represented the “welllderly” (those in good health with money)¹. The inference was their assessments of Saskatoon as an age-friendly community may have a positive bias.*

¹ Harry R. Moody, “Intimations of Prolongevity,” *The Gerontologist*, vol. 44, no. 3 (2004)

Table 2
Demographic Profiles of Focus Group Participants
and Survey Respondents

Variables	Focus Group		Survey		Combined	
	N	Valid %	N	Valid %	N	Valid%
Status						
Senior	145	83.8				
Senior & Caregiver	19	11.0				
Caregiver	5	2.9				
Other	4	2.3				
Total Responses	173	100.0				
Missing						
(no item response	5					
(no data collected	20					
Total Participants	198					
Age						
Under 60	16	9.2	26	8.7	42	8.9
60-64	32	18.4	25	8.3	57	12.0
65-69	30	17.2	32	10.7	62	13.1
70-74	36	20.7	50	16.7	86	18.1
75-79	28	14.9	59	19.7	87	18.4
80-84	19	10.9	54	18.0	73	15.4
85-89	11	6.3	30	10.0	41	8.6
90-94	3	1.7	18	6.0	21	4.4
95-99	1	0.6	6	2.0	7	1.5
Total Responses	174	100.0	300	100.0	474	100.0
Median Age	71.3		76.4		74.4	
Missing	4		2		6	
(no item response	20				20	
(no data collected	198		302		500	
Total Participants						
Gender						
Male	63	35.6	84	28.1	147	30.9
Female	114	64.4	215	71.9	329	69.1
Total Responses	177	100.0	299	100.0	476	100.0
Missing	21		3		24	
Total Participants	198		302		500	
Present Employment Status						
Retired	143	80.8	261	87.9	404	85.2
Work Full-time	20	11.3	17	5.7	37	7.8
Work Part-time	14	7.9	19	6.4	33	7.0
Total Response	177	100.0	297	100.0	474	100.0
Missing	21		5		26	
Total Participants	198		302		500	

Table 2 (Cont.)
Demographic Profiles of Focus Group Participants
and Survey Respondents

Variables	Focus Group		Survey		Combined	
	N	Valid %	N	Valid %	N	Valid%
Household Income						
Under \$30,000			98	33.8		
\$30,000 - \$60,000			121	41.7		
Over \$60,000			71	24.5		
Total Responses			290	100.0		
Missing			12			
Total Participants			302			
Current Health						
Excellent	50	28.2	56	18.7	106	22.3
Good	106	59.9	165	55.2	271	56.9
Fair	21	11.9	69	23.1	90	18.9
Poor	0	0.0	9	3.0	9	1.9
Total Responses	177	100.0	299	100.0	476	100.0
Missing	21		3		24	
Total Participants	198		302		500	
Limiting Health Problems						
Yes						
No	50	28.2	101	33.8	151	31.7
Total Responses	127	71.8	198	66.2	325	66.3
Missing	177	100.0	299	100.0	476	100.0
Total Participants	21		3		24	
	198		302		500	
Education Level						
Primary School	17	9.7	27	9.1	44	9.3
Secondary School	44	25.0	107	35.9	151	31.9
College or University	115	65.3	164	55.0	279	58.9
Total Responses	176	100.0	298	100.0	474	100.0
Missing	22		4		26	
Total Participants	198		302		500	
Independent Status						
Independent			268	93.7		
Assisted Living			18	6.3		
Total Responses			286	100.0		
Missing			16			
Total Participants			302			
Residence Type						
House			115	38.7		
Apartment			110	37.0		
Condo			72	24.2		
Total Responses			297	100.0		
Missing			5			
Total Participants			302			

**Table 2 (Cont.)
Demographic Profiles of Focus Group Participants
and Survey Respondents**

Variables	Focus Group		Survey		Combined	
	N	Valid %	N	Valid %	N	Valid%
Rent - Own Residence						
Rent	52	30.2	128	42.8	180	38.2
Own	120	69.8	171	57.2	291	61.8
Total Responses	172	100.0	299	100.0	471	100.0
Missing	26		3		29	
Total Participants	198		302		500	
Living Arrangements						
Alone	62	34.6	137	43.6	199	40.4
With spouse/partner*	93	52.0	148	47.1	241	48.9
With children*	9	5.0	18	5.7	27	5.5
With other relatives	10	5.6	5	1.6	15	3.0
With non-relatives	5	2.8	6	1.9	11	2.2
Total response	179	100.0	314	100.0	493	100.0
Missing	19		3		22	
Total Participants	198		317*		515*	
Total in Residence						
1	61	35.9	137	45.8	198	42.2
2	89	52.4	142	47.5	231	49.3
3	9	5.3	11	3.7	20	4.3
4	6	3.5	7	2.3	13	2.8
5	3	1.8	2	0.7	5	1.1
6	1	0.6			1	0.2
7	1	0.6			1	0.2
Total Response	170	100.0	299	100.0	469	100.0
Missing	28		3		31	
Total Participants	198		302		500	
SDA Neighbourhood						
Core SDA 1	32	19.0	78	27.1	110	24.1
Lakewood SDA 2	16	9.5	48	16.7	64	14.0
Nutana SDA 3	49	29.2	77	26.7	126	27.6
University Heights 4	8	4.8	18	6.3	26	5.7
Lawson SDA 5	17	10.1	48	16.7	65	14.3
Confederation SDA 6	17	10.1	18	6.3	35	7.7
Rural/Commuter 7	29	17.3	1	0.3	30	6.6
Other 8	0	0.0	0	0.0	0	0.0
Total Responses	168	100.0	288	100.0	456	100.0
Missing	30		14		44	
Total Participants	198		302		500	

* As individuals checked two response alternatives, the number of responses exceeded the number of respondents.

Current health. As shown in Table 2, **79.2 per cent of the respondents indicated they were in good or excellent health** and 20.8 per cent indicated they were in *poor* or *fair* health. Again, there appears to have been a sampling bias between the two groups of respondents. While 88.6 per cent of the focus-group participants indicated they were in

good or *excellent* health, only 73.9 per cent of the survey respondents responded similarly, a difference of 14.2 per cent. The corresponding percentages for those indicating they were in *poor* or *fair* health were 11.9 per cent and 26.1 per cent for the focus group participants and survey respondents, respectively. Nevertheless, nearly 80 per cent of the participants in the study were in *good* or *excellent* health – the “welderly.”

Limits in ability to do normal daily activities. Of the total sample of participants, **31.7 per cent indicated they had health problems that limited their ability to perform normal daily activities** and 66.3 per cent indicated they were free of such limitations. The lack of direct correspondence among the percentages under the assessments of current health and the assessment of ability limitations should be noted: some individuals with ability limitations considered themselves in good or excellent health. As expected, given the other demographic differences between the samples, the focus group had a lower rate of ability limitations than the survey group (28.2% versus 33.8%, a difference of 5.6%). In short, nearly one third of the study’s participants had health problems that limited their ability to do normal daily activities.

Education level. **The majority (58.9%) of the participants had a college or university level of education;** 31.9 per cent had secondary school education; and 9.3 per cent had a primary school education. Again, there a significant difference in the education level between the focus-group sample and the survey sample. While the percentages having primary education did not differ significantly, 9.7% and 9.1%, respectively, there was a 10.3 per cent difference between the 65.3 per cent of the focus group members having college or university education and the 55.0 per cent of the survey group members. Again, the modal level of education of the study’s sample of seniors was a *college or university education*.

Independence status. In order to ascertain the independence status enjoyed by the survey participants, they were asked to indicate if their status was *independent* or *assisted living*. A similar question was not posed to the focus-group participants. Of the 286 respondents to this item on the survey, 260 or 93.7 per cent chose the *independent* response alternative. **Thus, with only 6.3 per cent of the respondents holding an assisted-living status, the vast majority of the survey respondents were living independently.** This corresponds with the percentages in the general population of seniors.

Residence type. Again, only the survey respondents were asked to indicate the type of residence they had: *house*, *apartment* or *condo*. As shown in Table 2, there was almost an equal distribution among the residency types: 38.7 per cent in a house, 37.0 per cent in an apartment, and 24.2 per cent in a condominium. The lack of response alternatives did not allow for ascertaining whether or not the respondents were progressing through a hierarchy of accommodations as they aged, nor whether or not there was an accommodation mobility path associated with migration from rural areas to the City or within the City.

Rent-own residence. Of the total sample of seniors, *61.8 per cent indicated they owned and 38.2 per cent indicated they rented their residence*. As inspection of Table 2 would indicate, while there were differences between the focus-group sample and the survey sample in their responses to this item, in both cases the majority owned their property. A higher percentage of the survey sample rented than did the focus-group sample: 42.8 per cent and 30.2 per cent, respectively.

Living arrangements. When asked with whom they shared their accommodations, 40.4 per cent indicated they lived alone and 48.9 per cent lived with a spouse/partner. *Thus, 89.3 per cent of the respondents were living alone or with a spouse/partner*. Only 5.5 per cent lived with a child, and 5.2 per cent with another relative or non-relative. It was interesting to note that a greater percentage of the focus-group sample was living with other relatives and non-relatives.

It should be noted some individuals gave multiple responses among the response alternatives of *alone*, *with spouse/partner*, and *with children*, thus the total number of respondents was 515. In part, this accounts for the differences in the reported percentages between this item and the next.

Total number living in residence. When asked how many people lived in their residence, *91.5 per cent indicated they lived alone or with one other person* be it the spouse or another person. A greater percentage of the survey respondents than focus - group respondents lived alone or with one other person, however, in both cases the percentage was approaching 90 per cent.

Saskatoon Development Area Neighbourhood. In order to garner a description of the geographic dispersion of the respondents among the Saskatoon Development Areas, the participants in the focus group and survey were asked to indicate the neighbourhood of their residence. The compilations of the responses of the two samples and the aggregate have been presented in Table 2. Inspection of the table would indicate *51.7 per cent of the respondents lived in the two mature Development Areas of the Core and Nutana*. An additional 28.3 per cent lived in the mature/newer Lakewood and Lawson Development Areas. Nearly equal percentages of 5.7 per cent and 7.7 per cent lived in the lower socio-economic mature/new Confederation Development Area and the higher socio-economic new University Heights Development Area, respectively. It would appear that the samples were drawn from the older mature neighbourhoods of Saskatoon and the newer neighbourhoods within which multi-family condominium units have been built. In short, from these data, it would appear seniors are differentially aggregating into various neighbourhoods and Development Areas in Saskatoon.

Given the above evidence of aggregation of seniors into the various neighbourhoods of Saskatoon, a further analysis was conducted in order to ascertain whether or not there was further differentiation among the seniors in their resident neighbourhood that could differentially affect the results of the study. The results of this supplemental analysis have been presented below.

Neighbourhood differences on selected demographic variables. Inspection of Table 3 would indicate there were marked differences in the demographic characteristics of the seniors resident in the various Development Areas of Saskatoon.

As noted above, over 50 per cent of the participating seniors resided in the two mature neighbourhoods of **Core and Nutana**. As shown in Table 3, in the Core SDA the sample of seniors had an above average percentage of females, retirees, ability limited, live “aloners”, low incomers, and individuals 80 years of age and older. The neighbourhood had a below average percentage of seniors in good health, having college or university education, owning their accommodation, and under 70 years of age. The lower percentage of home owners was very marked: 29.5 per cent in the Core neighbourhood and 59.1 per cent in the total City. The Nutana SDA drew a different population of seniors. In comparison with the total sample, Nutana had above average percentages of males and home owners, and below average percentages of retirees and low incomers. The demographic differences between the Core and Nutana SDAs were marked. In comparison with Nutana, the Core SDA had a higher percentage of females, retirees, individuals in fair/poor health, ability limited, renters, living “aloners”, low incomers, and individuals 80 years of age or older. The median age in both areas was above the median for the total sample: 78.8 years and 75.5 years, respectively, versus 74.4 years for the total sample. Thus, while the majority of seniors lived in these neighbourhoods, **it would appear the Core and Nutana SDAs had different samples of seniors.**

A similar comparison of the newer neighbourhoods of **Lakewood and Lawson** SDAs also yielded similarly marked differences. In a comparison with the total sample, the **Lakewood SDA** had a lower percentage of females; a comparable percentage of retirees, a higher percentage of seniors in good and excellent health, a lower percentage with ability limitations, a higher percentage of individuals with college or university education, a higher percentage owning their accommodations, a lower percentage living alone, a lower percentage of individuals with household income below \$60,000, and a greater percentage of older seniors. The most marked differences on the demographic variable between the Lakewood SDA sample and the total sample were in level of education (+), ownership of accommodations (+), living alone (-), and lower household income (-). The comparison of the **Lawson SDA** demographic statistics with those for the total sample showed the Lawson SDA had a similar percentage of females, a lower percentage of retirees, similar current health status, a lower percentage with ability limitations, a lower education level, higher percentage of homeowners, a lower percentage living alone, a higher percentage of low incomers, and a younger seniors population. The most marked differences between the Lawson and total samples were in

Table 3
Survey Demographic Data Classified on Basis of SDA (Neighbourhood)

Neighbourhood SDA	Sex (Female) %	Status (Retired) %	Current Health Excellent or Good %	Ability Limited by Health (Yes) %	Level of Education (College or Univ.) %
Core	76.9	91.0	68.0	43.6	51.9
Lakewood	66.7	87.2	78.7	27.1	68.1
Nutana	66.7	82.4	73.7	30.3	55.3
University Heights	88.9	88.9	88.9	16.7	61.1
Lawson	72.9	83.3	75.0	27.1	52.1
Confederation	61.1	100.0	83.3	38.9	61.1
Total	71.6	87.3	74.7	32.5	56.7

Neighbourhood	Accommodation (Own) %	Live Alone %	Household Income Under \$60,000 %	Age Under 70 Years %	Age 80 Years and Older %
Core	29.5	54.5	77.6	20.5	46.1
Lakewood	77.1	39.6	68.9	25.0	37.5
Nutana	71.1	42.1	63.0	27.6	34.1
University Heights	61.1	61.1	83.3	50.0	27.8
Lawson	68.8	35.4	82.9	31.3	25.1
Confederation	61.1	38.9	94.5	55.6	5.6
Total	59.1	44.9	74.7	29.0	34.2

percentages with ability limitations (-), home ownership (+), living alone (-), low household income (+), and percentage of older seniors (-). A comparison between the Lakewood and Lawson SDAs showed the Lakewood SDA had a significantly higher percentage of males, retirees, college or university educated individuals, homeowners, high income earners, and older seniors. Again, **it would appear the Lakewood and Lawson SDAs had different samples of seniors.**

There was a degree of commonality on the demographic factors among the Nutana, Lakewood and Lawson SDAs that clearly differentiated these samples of seniors from those living in the Core SDA. In the Core, comparatively more seniors were female, retired, in poor or fair health, had ability limitations, had a lower level of education, rented, lived alone, and comprised of older seniors.

The samples of seniors from the University Heights and Confederation SDAs exhibited a higher level of commonality but still had a level of uniqueness on some demographic factors that supported the proposition they were two different samples. These SDAs had the youngest samples of seniors, the highest percentages of low income seniors, and the highest percentage in good or excellent health. However, the University Heights' sample had the highest percentage of females, the highest percentage of well individuals, the lowest percentage of ability limited, and the highest percentage living alone. The Confederation sample had the highest percentage of retirees, the highest percentage of low income seniors, and the youngest seniors.

In conclusion, among the neighbourhoods of Saskatoon there were marked differences in the demographic features of the samples of seniors. Proportionally, older seniors lived in the Core area and more younger seniors lived in the Confederation area. The Core area has the highest percentage of seniors in poor health and with limited ability to perform everyday activities. Also, it had the highest per cent living in rental facilities. Seniors in the Lakewood and Nutana areas had the highest incomes and highest percentage of home ownership. Confederation had the highest percentage of low income earners and the highest percentage of retirees. Thus, there was demographic diversity among the seniors living within and among the neighbourhoods of Saskatoon. This may tend to support the development of several communities within the community of Saskatoon, and lead to differences in assessments of Saskatoon as an age-friendly community.

Summary of demographic characteristics of respondents

Who were the participants and respondents in this study?” As a summary of the demographic description of the 500 participants in this study, the following profile of the typical participant has been presented:

PROFILE	RANGE
Female senior 74.4 years of age	Gender: Male 30.9%; Female 69.1% Status: Senior 83.9%; senior/caregiver 11.0%; other 2.3% Age: under 60 8.9%; 60-69 25.1%; 70-79 36.5%;80-89 24.0%; 90+ 5.9%
Retired Income below \$60,000	Status: retired 85.2%; work part time 7.0%; work full time 7.8% Income: under \$30K 33.8%; \$30-\$60K 41.7%; over \$60K 24.5%
In excellent/good health No activity limitations	Health: Excellent/good 79.2%; fair/poor 20.8% Limitations: Yes 31.7%; No 66.3%
College/university education	Primary 9.3%; Secondary 31.9%; college/univ. 58.9%
Independent Live alone or with spouse	Independent 93.7%; assisted living 6.3% Alone 40.4%; with spouse 48.9%; plus others 10.7%
Resident in house or apartment	Residence: house 38.7%; apartment 37.0%; condo 24.2%
Owner of residence	Owner 61.8%; renter 38.2%
In a mature neighbourhood	Core/Nutana 51.7%; Lakewood/Lawson 28.3%; Univ. Heights/Confederation 13.4%; and rural 6.6%

Demographically the focus-group participant differed from the survey-respondent sample. The differences were as follows:

- The focus groups had a higher proportion of males;
- The median age of the focus group was five years younger than the median age of the survey respondents – 71.3 years versus 76.4 years, respectively;
- A much smaller percentage of the focus group were 80 years of age or older;
- More focus group members worked part-time or full-time;
- A greater percentage were in good health and a smaller percentage had ability limitations;
- A higher percentage had a college or university education; and,
- A higher percentage owned or rented their accommodations.

Some of the differences in responses from the two samples may be attributable to these demographic differences between the samples.

There were demographic differences among the seniors living in the various neighbourhoods (SDAs) of Saskatoon. As noted above:

Proportionally, more older seniors lived in the Core area and more younger seniors lived in the Confederation area. The Core area has the highest percentage of seniors in poor health and with limited ability to perform everyday activities. Also, it had the highest percent living in rental facilities. Seniors in the Lakewood and Nutana areas had the highest incomes and

highest percentage of home ownership. Confederation had the highest percentage of low income earners and the highest percentage of retirees. These differences may have affected the assessments of the age-friendliness of Saskatoon provided by the various neighbourhood samples.

5.2 DIMENSION 1: OUTDOOR SPACES AND BUILDINGS

5.2.0 Dimension Framework: 1. Outdoor Spaces and Buildings

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Outdoor Spaces and Buildings*:

The outside environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to “age in place.” In the WHO project consultation, older people and others who interact significantly with them describe a broad range of characteristics of the urban landscape and built environment that contribute to age friendliness. The recurring themes in cities around the world are quality of life, access and safety. (WHO Global Age-Friendly Cities Guide, p. 12)

Among these characteristics were the following:

1. Pleasant and clean environment;
2. Importance of green spaces;
3. Somewhere to rest;
4. Age-friendly pavements (sidewalks and roads);
5. Safe pedestrian crossings;
6. Accessibility;
7. A secure environment;
8. Walkways and cycle paths;
9. Age-friendly buildings;
10. Adequate public toilets; and,
11. Older customers (Service and clusters). (pp. 12-17)

5.2.1 Qualitative Results: Focus Groups

5.2.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon’s *Outdoor Spaces and Buildings* from the focus group participants, in addition to the general question of “Is Saskatoon an age-friendly city?” the following specific orientation questions were posed:

Outdoor Spaces and Buildings

What is it like to step outside of your home, to go for a walk and enjoy the fresh air, to run errands or to visit?

Consider –

- Being able to easily access
- Sidewalks, pathways and trails – are maintained and useable
- Parking availability and safety – ice and snow free, drop-off areas
- Streets and pedestrian crossings – good lighting, adequate time to cross

What is it like to go into buildings such as public offices and stores?

Consider –

- Building entrances – ramps, doors, stairs
- Location of accessible washrooms
- Public and rest areas
- Safety – police patrols, lighting
- Services available

(“2.4 Age-Friendly Manitoba Community Discussion Suggestions,” Age Friendly Manitoba)

5.2.1.2 Focus Group Results: Comments and Issues

5.2.1.2.1. General Observations: Is Saskatoon an Age-Friendly City?

In response to the general unstructured question, “Is Saskatoon an Age-Friendly City?” the participants provided the following comments and assessments:

General comments. As to whether or not individuals judged Saskatoon to be age-friendly on the Outdoor Spaces and Building dimension was dependent on a number of factors:

- The season of the year: winter (-) versus spring, summer, fall (+);
- The neighbourhood and facility in which they lived; and,
- Their wealth, health, and need for functional accommodations: healthy and wealthy (+) versus low-income, ill and needing appropriate accommodations (-)

Positive comments. Among the positive comments identifying characteristics supporting the proposition that Saskatoon was an age-friendly city were the following:

- The natural features of the riverbank, parks and walkways make Saskatoon a very beautiful city, provide for good walking in seasons other than winter.
- The parks and riverbank cultivate community events and festivals.
- Saskatoon is a friendly and accessible city. Seniors treated wonderfully. Downtown doing well – ramps, beeps on lights, and wheelchair accessible. Underground parking for winter.

Negative comments. Among the negative comments identifying characteristics supporting the proposition Saskatoon was not an age-friendly city were the following:

- The lack of a grocery stores in some neighbourhoods;
- Streets are unfriendly – crosswalks not cleared and lights too short.
- Weather related problems for seniors – snow clearing, garbage pickup, icy pathways and streets, mobility, parking, etc.;
- Parking problems particularly downtown, at hospitals and at doctors’ offices; and,
- Crime and safety are issues. Some neighbourhoods are avoided, and seniors are afraid to go out at night.

The following results are derived from the participants responses to questions posed on the “Outdoor Spaces and Buildings” key dimension and are organized according to themes:

5.2.1.2.2 Environment

WHO Descriptor: The city is clean, with enforced regulations limiting noise levels and unpleasant or harmful odours in public places.

Observations: In response to this restricted definition of “Environment,” Saskatoon was seen as a clean city with few air problems. The opinion was expressed that as the City grows in population and complexity, there will be an increase in the problems of littering and air pollution.

However, under an expanded definition that included weather and climate, the “Environment” became a defining factor determining the assessments of Saskatoon as an age-friendly community. The five months of “summer” with the beautiful weather and long days make Saskatoon an age-friendly community in many ways. The parks, pathways, sidewalks, crosswalks, parking spots and lots, and buildings are all relatively accessible and the seniors can be socially and civically engaged. The day-lit evenings allow for attendance at indoor and outdoor events. On the other hand, the five-months of “winter” with its cold, snow and ice, and dark evenings, significantly reduced accessibility, mobility and opportunities for social and civic engagement. Thus, the question, “Is Saskatoon an age-friendly community?” yielded a bifurcated answer “YES in the summer;” and “NO in the winter.”

Comments

Most of the comments on the environment were made under the specific topics of this section of the report and have been reported there under the *Snow/Ice* side-heading.

Suggestion

There was a general acknowledgement that snow and ice, and their accompanying problems, were natural features of our context and not totally solvable. In recognition of this reality, several groups proposed a three-prong approach to the parks and the snow/ice problems: (1) enhanced snow/ice clearance and removal efforts; (2) alternative winter facilities that provide for similar opportunities for engagement proffered by parks and trails in the summer; and (3) promotion of winter events and activities in the parks that match the public engagement achieved through festivals, concerts, and community events in the summer.

5.2.1.2.3 Green Spaces, Pathways and Trails

WHO Descriptor: • There are well-maintained and safe green spaces, with adequate shelter, toilet facilities and seating that can be easily accessed. Pedestrian-friendly walkways are free from obstructions, have a smooth surface, have public toilets and can be easily accessed

Observations: Saskatoon was seen as a beautiful city with many outdoor opportunities. It has lovely parks that are well used. Since these parks were seen to increase satisfaction with living

in adjacent areas, the need for the establishment of more small “pocket parks” and for the maintenance of green spaces was identified.

Positive Comments

- There was a general feeling that parks, paths and trails were accessible and readily available. This is illustrated by such comments as “There is park after park” and “. . . can walk anywhere.” As places to walk and to commune with nature, special note was made of the riverbank with its Meewasin Trail, Riverlanding-Farmers Market, parks and bridge crossings, and of the interconnected neighbourhood parks and joint school-park grounds. In addition, the advantages of parks as places for festivals, theatre, concerts, and community organized activities were noted. As noted by one rural focus group, “Parks, walks and washroom facilities are clean and safe. There are enough places to sit sheltered from the sun. We do want to go there.” In confirmation, an urban group stated, “We have good walking trails that are well maintained. There are lots of opportunities outside and in a safe environment.”
- It was generally held that the parks and trails were well maintained. The sidewalks were considered well kept but the problems of snow/ice clearance were recognized. The irritants of graffiti, trash, dog feces, and low-hanging vegetation were identified but the cause and remedial actions were directed to the citizens using the facilities rather than to the administration of park maintenance by the City. There was frequent praise of the horticultural aspects of the parks
- Some participants saw the parks and trails as safe places

Negative Comments

- Several issues associated with accessibility and availability were identified. **First**, the observation was made that there was differential access to parks and trails among the neighbourhoods of Saskatoon. Those individuals living near the river, in new suburbs, and on the “east side” were seen as having better access to better quality parks and trails than those living in more mature neighbourhoods on the “west side”. As noted by one wag, “The farther you are from the river, the more Saskatoon looks like Regina.” Other neighbourhood effects affecting actual utilization of these parks and trails by seniors were acknowledged. **Second**, infrequent and poor pedestrian crossings to the parks and trails were seen as limiting access for seniors to these parks and trails. This sidewalk issue was coupled with the observations that in some locales the bus stops were across the street from the park, and that many events were held in areas only accessible by walking on grass, therefore presenting possible access difficulties for seniors with mobility limitations. **Third**, although there have been improvements, the number of benches in parks and on trails needs to be increased in order for seniors to have appropriate rest and observation stations. The safety adequacy of public restrooms in parks and on the trails was debated in several groups. **Fourth**, as noted below, there were some safety and seasonal issues that limited the utilization of parks and trails by seniors.
- While the parks, trails and paths were considered well-maintained in the summer, it was universally recognized that snow clearance on the paths, trails and bridges was a major problem. As noted by a general-public focus group, “The City is making some

improvements in snow clearing and hopefully will continue to do so.” However, as noted by several groups, the reality is “During Saskatoon’s very long winter, sidewalks will be icy and dangerous.”

- Although some participants saw the parks and trails as safe places, others expressed concerns about youth and crime that resulted in their decision to not use the parks, particularly in the evenings or at night. In some cases where secondary schools were nearby, this non-use was extended to noon hours and after school on school days. Incidents of muggings, assaults and hassling were identified. Personal accommodations such as not carrying a purse, not using parks and paths during certain periods of the day, avoidance of youth routes and groups, and only going out with others were listed. As a result, several safety issues related to parks and trail usage were identified by the focus groups. First, in order for seniors to feel safer in the parks during evening hours, the following needs were identified: (1) good lighting in the parks, on the trails, at the entrance crosswalks, and on adjacent streets; (2) the need for good visibility (observability); and, (3) the need for more people and public utilization. Second, calls for more police presence and intergenerational activities were made.
- Other safety issues arise from the joint use of the trails by bikers and pedestrians. As cited in one group, “Cyclists are an issue. I was met by a guy on the Broadway Bridge coming quickly on his bike and accompanied by two dogs. I had to get out of his way. It is a real issue for those with mobility problems. Also, they ring their bell and the deaf cannot hear. Somebody was killed on Meewasin Trail by a cyclist and others have been injured.”

Suggestions

- **Winter/Summer Maintenance.** In recognition of this reality, several groups postulated a three-prong approach to the parks and the snow/ice problems: (1) enhanced snow/ice clearance and removal efforts; (2) alternative winter facilities that provide for similar opportunities for engagement proffered by parks and trails in the summer; and (3) promotion of winter events and activities in the parks that match the public engagement achieved through festivals, concerts, and community events in the summer.. Under enhanced clearance, the issue of clearance in the suburban parks and around schools and malls were identified, the call was made for better snow removal from paths and sidewalks, and the urgent need to remove ice from inclines on sidewalks and bridges (fall prevention).. Under alternate facilities, there was a call for more public and private indoor walking facilities, benches in public and private spaces, and accessible theatres and public halls. Under enhanced winter activities, note was made of the current public skating rink and the ski trails, plus the opportunity for winter sports and entertainment events.

Specific suggestions. The following suggestions on parks, paths and trails were proffered by the participants;

- Developers should be required to designate and develop park and trail space within their development areas;
- More parks and trails should be created in areas situated away from the river;

- In the development of parks, advantage should be taken of existing ecosystems to enhance living environments rather than the removal of these ecosystems to create artificial environments;
- Benches and shaded areas such as gazebos should be provided in parks and on the paths and trails;
- Priority should be given to developing indoor places where people can walk safely in the winter - such places should be affordable and accessible;
- Path and trail snow/ice clearance should continue to be improved;
- More events and activities should be held in the parks during the wintertime;
- More intergenerational events and activities should be held;
- Lighting in parks and on trails should be improved;
- A review of the accessibility of parks, paths and trails for seniors and the handicapped should be undertaken;
- Police presence in parks and on trails should be increased – bicycle patrols have significantly increased the seniors’ feeling of safety on trails and in parks;
- Need separate lanes on trails or “divided walkways” for pedestrians and cyclists in parks and on trails; need better signage on biking policies; and, need policy to walk bikes on bridge walkways; and,
- Create and organize groups of seniors to provide volunteer services for park, path and trail maintenance and support services.

5.2.1.2.4 Outdoor seating

WHO Descriptor: • *Outdoor seating is available, particularly in parks, transport stops and public spaces, and spaced at regular intervals; the seating is well-maintained and patrolled to ensure safe access by all.*

Observations. Few comments were made on the availability of sitting and rest areas associated with the sidewalk system in Saskatoon. It was noted that there were sitting areas in some neighbourhoods, such as Broadway, downtown, and City Park, but lacking in others. In addition, the view was put forward that City Planning does not promote sitting areas such as public squares. The availability of sitting areas in public and private places (parks and buildings) was appreciated. However, the great walking distances between parking spots and destination points was identified as locations where seniors and the disabled need places to sit. This was a particularly acute problem downtown and at the hospitals. In the discussions of sidewalks, no mention was made of public restrooms.

5.2.1.2.5 Pavements (Sidewalks)

WHO Descriptor. • *Pavements are well-maintained, smooth, level, non-slip and wide enough to accommodate wheelchairs with low curbs that taper off to the road. • Pavements are clear of any obstructions (e.g. street vendors, parked cars, trees, dog droppings, snow) and pedestrians have priority of use.*

Observations: The general opinion was “Sidewalks and streets need work,” and “Saskatoon was designed for drivers and not pedestrians.” While the newer areas of the City were adjudged

to have good sidewalks with ramps and cuts to accommodate individuals with mobility problems, older areas of the City were considered to have sidewalks in ill-repair and without even elementary features to accommodate individuals with compromised mobility. This opinion was held for both public and private sidewalks. Frequently, it was noted that most seniors live in the mature neighbourhoods of Saskatoon where the sidewalks are in the most need of repair and updating. Concerns about crosswalks, driveways, alleys, lights at controlled intersections, and lack of accommodation for the handicapped were offered as evidence of low priority assigned to pedestrian traffic.

Again, many weather related problems were identified and the conclusion “. . . in winter, Saskatoon not friendly at all,” was reached. A combination of sidewalk ill-repair, lack of accommodation, and winter snow/ice was given as the reasons for participants to conclude, “Some seniors become house-bound,” and “Even for those with money, seniors disappear in the winter.”

It should be noted that while the participants acknowledged the City of Saskatoon’s increasing efforts over the past 30 years to address the repair and accessibility problems, it was believed it had a long way to go before the sidewalks would be safe and accommodating.

Positive Comments

- Among the observations and positive assessments on the accessibility and availability of sidewalks were the following:
- Depends on the neighbourhood – (Some areas) “Accessibility is good – sidewalks great,” versus “ older areas, like Sutherland, not accessible;” and,
- New sidewalks are built with ramps, etc., and the City is making progress in building ramps on older sidewalks
- No positive statement about the maintenance of sidewalks was made.
- Some positive and a plethora of negative assessments were provided on Saskatoon’s sidewalks in the winter: Among the positive comments were the following:
- City has done a fair job of snow clearance. Sidewalks are kept relatively clear by citizens and City. Some improvements have been made over the years;
- Downtown sidewalks are kept well cleared of snow and ice;
- There was ice on the walkways and steps on the new (Circle) and CPR bridges, respectively. City phoned and ice was cleared by next day;
- People in the neighbourhood usually keep sidewalks in front of their homes cleared of snow;
- Services for Seniors will provide snow-clearance assistance for seniors and caregivers; and,
- Saskatoon does a better job of snow removal than Regina and Calgary (but not as good as Warman).

Negative Comments

- Among the observations and negative assessments on the accessibility and availability of sidewalks were the following:
- (Sidewalks in) “ older areas, like Sutherland, not accessible;”
- Absence of cutaways (ramps) on sidewalks makes use of sidewalks by people in wheelchairs too dangerous (Have to use driveways to enter or exit sidewalk);

- Cutaways are infrequent and may be at one end of a block but not the other (again, seniors drive on streets);
 - Those who use walkers find walking on sidewalks difficult at all times of the year;
 - Fear of big dogs in yards or loose on the street prevent walking in the neighbourhood;
 - Seniors don't walk at night because of poor lighting;
 - In some areas there are no sidewalks or sidewalks only on one side of the street;
 - Walkthroughs and connecting walkways are being taken out; thus, pedestrians must go all the way around the block (to get to Mall, bus stop, etc.); and,
 - Some Malls have no sidewalks – they assume everybody drives and water the lawn to the street and have no boundary snow clearance
-
- As illustrated by the following comments, there was a general assessment that the sidewalks were poorly maintained:
 - The City is redoing and replacing sidewalks, so the condition of the sidewalks depends on the area you live;
 - Sidewalks in older areas are heaving and cracking – need to be replaced;
 - Sidewalks in very poor condition, cracked and in general decay – seniors have fear of falling;
 - Not easy to travel on sidewalks – pedestrians stumble on uneven and cracked sidewalks – walking at night particularly bad;
 - Must drive motorized wheelchair on the streets because of the dangers encountered using sidewalks;
 - City plans to work on section of 3rd Avenue that are considered particularly dangerous for people with compromised mobility;
 - In many areas there are old trees with roots which have moved and broken up the sidewalk,
 - Branches of hedges and trees are sometimes not trimmed – they are difficult to see and have hit older persons in face – problems are compounded at night.
-
- Snow/ice clearance and the condition of sidewalks in the winter were major topics of discussion among all focus groups. As noted in the following comments, there was a general acknowledgement that snow and ice, and their accompanying problems, was a natural feature of our context and not totally solvable:
 - In the winter it is very difficult to get out. There is snow and ice on sidewalks and, no matter what you do, it will always be like that;
 - City is trying – passing laws to clean sidewalks and establishing Snow Angels Programme – but it is a matter of climate;
 - City is trying but some hard choices such as grading with resultant snow banks or not grading thereby having no snow banks; and,
 - In the spring and with the use of salt, you are going to have freezing and thawing and the creation of icy sidewalks and ramps.

Nevertheless, the following negative comments were among the assessments made:

- Streets and sidewalks are horrible;
- City does an inadequate job of removing snow and ice;

- Department blocks and rental properties do not clear snow and ice from (city) sidewalks;
- No snow removal in front of businesses;
- Sidewalks in suburbs, around schools, and around malls are not cleared;
- Need snow clearance of snow banks at curbs, walkways, crosswalks, bus stops, etc.;
 - City plows streets and creates ridges;
 - Snow clearance practices dump snow from streets onto sidewalks; and,
 - Snow banks at bus stops and crosswalks; and,
- Cuts in curbing never see the cleaners nor snow clearing

- The following effects on seniors of inadequate snow/ice clearance of the sidewalks were noted;
- Serious limits were placed on mobility;
 - Don't dare walk in winter due to icy conditions – Even with spikes on shoes, I have fallen twice this winter;
 - Pedestrians are falling on icy and rutted walks and streets – few opportunities for indoor walking; many seniors, who walk outside regularly, do not walk in winter because the sidewalks are too slippery and uneven and the risk of falls is too great.
 - In the winter, people stay in house and don't get to know each other;
 - Without appropriate snow removal programmes, it is no wonder people are Snow Birds;
 - Huge snow banks on sidewalks force many people to walk on streets in residential neighbourhoods;
 - Due to snow banks, seniors, children and disabled unable to access walk buttons at controlled intersections; and,
 - Snow banks at bus stops make it difficult for seniors and disabled to enter and exit buses.
- Onerous obligations were placed on seniors to clean adjacent city sidewalks;
 - Seniors cannot always manage the snow shoveling as required by the City. Hiring is more expensive than some can manage and help hard to find; and,
 - Snow from streets is plowed onto sidewalks where snow piles are too heavy for older people to shovel.
- Obstacles were created;
 - With front-street garbage pickup and graders creating snow banks, it is extremely difficult for some seniors to move their garbage bin to the pickup site (“During the winter, I move my garbage bin only four or five times”); and,
 - Ambulance access to homes next to impossible.

- Safety concerns associated with sidewalks were identified by most focus groups. Among the issues identified were the following:
- Falling is an issue. Sidewalks in older areas are often uneven and difficult to walk on day or night in all seasons especially for those with impaired vision and mobility;
- The data on falls show people limit going out during the winter time but the high rates in spring and fall reflect the higher participation rates when the sidewalks are slippery and covered with gravel;

- Pedestrian crosswalks were not clean, signage poor, and walk lights short, creating safety risks for pedestrians at crosswalks;
- Cars don't stop or yield at crosswalks and alleys;
- Sharing sidewalks among normal pedestrians, seniors with wheelchairs and walkers, the deaf and hard of hearing, and bike riders, skate boarders and roller bladers fosters collisions; (A participant, who had both legs amputated, had been knocked down twice by cyclists);
- Sense of security is an important factor as to whether or not sidewalks are used at night by seniors; and
- Driveways crossing sidewalks are hazardous to people with mobility problems – sudden slant is difficult to negotiate; people park on the sidewalk portion of the driveway forcing pedestrians onto the street; and,
- Cutaways uneven and put persons in wheelchairs at risk (One participant described how her wheelchair got caught and she fell over backward)

Suggestions

The following suggestions on sidewalks were offered by the participants:

General

- Design communities so you can walk where you want to go – integrate residences and location of organizations and services; promote more multi-use facilities;
- Walkthroughs and paths should be retained so pedestrians can readily transit the neighbourhood and reach the local services and facilities;
- The City should continue to build ramps and repair/replace older sidewalks;
- There should be a review of the accessibility of sidewalks and of their suitability for wheelchair use;
- The City should put benches in areas of the city without them and create public squares with sitting as a major purpose;
- Priority should be given to developing indoor places, that are affordable and accessible, where people can walk safely in the winter (similar to Field House but more affordable);
- Ensure cutaways on sidewalks are built flush with the street for safety of people in wheelchairs; and,
- Expand services provided by Services for Seniors to include affordable cleaning of sidewalks and the house, gardening, placement of garbage dumpster, etc.

Maintenance and Snow Clearance

- City should review its snow clearing practices; examine its policies regarding sidewalks bordering public and private property; ask the questions “Are regulations sufficient?” “Enforced?” “Is a public education campaign required?”
- All public facilities, including Credit Union Centre, should be required to ensure snow removal on steps, ramps and parking lots; adequate and close handicapped parking; and, designated parking for frail elderly and other persons with compromised mobility;
- Need improved communications so City and other property owners are made aware of the issues and problems associated with sidewalks and ramps; (Seniors need to be proactive in seeking solutions to problems encountered);

- Establish a City hot line be established that citizens could call with complaints and for information on City services (Example: New York City 365 day x 24 hour hot line);
- Need better sidewalk maintenance, snow/ice clearance and snow bank removal, and bus stop and crosswalk clearance; (by City, businesses, and schools)
- Winnipeg snow removal model should be copied: snow removal is crucial for people in wheelchairs and for those with compromised mobility; snow removal must be prioritized if Saskatoon wants to be age friendly; and,
- City employees who are helpful to seniors are to be commended – a way must be found to do this

Safety, Enforcement and Compliance

- As per above, improving the design, maintenance and snow/ice clearance of sidewalks and crosswalks would enhance the safety of sidewalks for seniors and those with mobility problems;
- City study the feasibility of measures to ensure pedestrian safety on sidewalks jointly used by pedestrians, cyclists, skateboarders, and roller-bladers: such a study would such matters as separate lanes for cyclists and pedestrians, and appropriate and adequate alerting devices;
- Need research on salt use on sidewalks and roads; such a study would address questions of effectiveness including icing and pedestrian safety;
- Seniors should use crampons, spikes, or walking poles when walking in the wintertime; (Yukon gave spikes to seniors free of charge on presentation of their health card – our Province and City should follow Yukon’s example)
- Need better street lighting on sidewalks and at crosswalks;
- Increase the time allowed for pedestrian crossing at controlled intersections;
- Improve the signage alerting drivers of pedestrian crosswalks;
- Review the appropriateness for individuals using wheelchairs of the inclination of sidewalk ramps and cutaways for driveways on sidewalks;
- In order to improve compliance with rules and regulations, we need better signage and enforcement of the biking laws on City streets, sidewalks; paths and trails; and,
- Need more educational activities informing seniors and others of safety issues and good practices in using and maintaining the sidewalks of Saskatoon.

5.2.1.2.6 Roads

WHO Descriptor: • Roads have adequate non-slip, regularly spaced pedestrian crossings ensuring that it is safe for pedestrians to cross the road. • Roads have well-designed and appropriately placed physical structures, such as traffic islands, overpasses or underpasses, to assist pedestrians to cross busy roads. • Pedestrian crossing lights allow sufficient time for older people to cross the road and have visual and audio signals.

a. Streets

Observations. The perspective given to participants when assessing streets and pedestrian crossings under the Outdoor Spaces and Buildings key dimension was that of a pedestrian – the assessment given the perspective of a driver was addressed under the Transportation key

dimension. While many observations were made about crosswalks, few were made about the streets from a pedestrian's perspective. Those that were made centred on the state of roads at crosswalks, and the use of roads by the seniors and the mobility challenged on scooters or wheelchairs when the sidewalk was not accessible due to lack of ramps or as a result of poor snow clearance. The issues of high traffic volume, and driver courtesy were noted.

Positive Comments

No observation on the lack of availability of roads was made. The following positive comment was made about the grader drivers:

- Grader drivers can be very helpful; {Examples: (1) Driver came to house and asked about a parked car, learned it couldn't be started due to cold, then moved it and plowed the area; and (2) a driver cleared snow from around an assisted living facility for 10 seniors even though it is not on snow clearance route – seniors living in private homes have reported similar considerations.}.

Negative Comments

As illustrated by the following comments, accessibility, the state of repair, the adequacy of sidewalk and bank snow clearance, and safety were issues:

- Huge snow banks on sidewalks force many people to walk on streets in residential areas;
- Can drive motorized wheelchair on the streets because of the dangers encountered using sidewalks;
- With (curbside) potholes, must angle in and out of traffic with wheelchair; in all seasons, potholes are difficult to navigate;
- I have a mobility problem and cannot get down sidewalks and have to go onto street – drivers are most disrespectful and unaccommodating;
- Increasing traffic volumes make it increasingly difficult for streets to be used by any pedestrian and especially for those with mobility problems;
- Both main arteries and residential streets have frightful ruts – Very elderly woman was described as having to “ski” across ruts on 8th Street crosswalk;
- Children climbing and walking on snow banks add to the danger; (Unsafe attraction);
- Street lighting and signage are inadequate; and,,
- Streets in our area well maintained in winter and summer (near Bethany Manor).

Suggestions

- While many suggestions were put forward for crosswalk improvements as solutions for the issues arising from the streets for pedestrians, the only direct suggestions for street improvements were for better maintenance and improved snow/ice clearance.

b. Pedestrian Crossings

Observations. Few items received as many highly emotive assessments by participants as did the issue of pedestrian crosswalks. As stated by one participant, “The crosswalks are the single most age-unfriendly feature of Saskatoon.” As shown by the following listing of observations and assessments, the issues associated with pedestrian crossings included availability, accessibility, adequacy, maintenance and snow clearance, and safety of the crosswalks:

Positive and Negative Comments

The observations on the availability, accessibility and adequacy of the crosswalks include such matters as the following

Location of pedestrian crossings:

- Downtown the crosswalks are good – ramps, beeps on lights, wheelchair access all good;
- In some places crosswalks in middle of block and well-marked;
- Distance between crosswalks too great for some seniors;
- Stonebridge has very limited pedestrian crossing access – neighbourhood is pedestrian isolated; and,
- On 22nd Street, there are few pedestrian crossings and you cannot cross for blocks especially in winter when crosswalk areas are piled with snow;

Traffic lights

- The walk light flashing-light phase too short to complete crossing – those with countdown better because you know time remaining. With the Stonebridge walk lights, we cannot make it across especially when icy;
- (Conversely) At the corner of 19th Street and 1st Avenue, the pedestrian crossing light that indicates seconds is a hazard for both drivers and pedestrians (attempt to beat the clock);
- Walk lights too short for seniors to get across street; on many main streets (8th Street, Broadway Avenue, 22nd Street), seniors must wait on the median divide until next walk light; many drivers discourteous – for example, making right turn, they cutoff or block pedestrians, and they stop on crosswalk and make pedestrians walk around them, thereby shortening time available for pedestrians to cross; and,
- Crosswalk walk button not positioned at suitable height and frequently blocked by snow bank or ridge.

Ramps

- At 24th Street and 6th Avenue there are no ramps, I (in wheelchair) thought ramps were there and smashed my face on street – crosswalks without ramps make it difficult for use by shuffle walkers and users of walkers, wheelchairs and scooters; and,
- At 3rd Avenue and bus mall, the ramps are further back from corner, therefore, must ride scooter on road to access the crosswalk;

Signage and lighting

- Lots of crosswalks are not marked to warn drivers– a special problem on 22nd and 33rd Streets;
- Frequently, signage is in poor repair, covered by snow or tree branches, or too small to be noticeable on multi-lane streets;
- In most areas, there is good lighting at crossing; and,
- In the winter, crosswalk lighting is much needed; must watch angle of lights as it may obscure the crosswalk for drivers by illuminating the frost on vehicle windshields (need research).

Maintenance and snow clearance. The following observations were made about the maintenance and snow clearance of crosswalks;

- Crosswalk maintenance is part of street and sidewalk maintenance, thus, some can be considered in poor repair with potholes and cracks but the City seems to have given higher priority to the repair of corners;
- City cleans streets with graders and pushes snow onto sidewalks, grates and corners, thus, inhibiting access to the crosswalks and preventing drainage – in Spring becomes slushy and icy;
- Crosswalks are piled with snow, and bus stops and drop-off areas have snow banks; and,
- Snow removal from downtown sidewalks is good and older adults can walk safely, but heaven forbid if you want to cross the street because of the dangers of walking over the many ruts and snow banks on streets (previous comment -“ski” across ruts on 8th Street).

Safety. The following safety issues associated with pedestrian crosswalks were identified:

- Claiming right-of-way attitude of drivers put pedestrians in crosswalks at risk;
- Crosswalk lights for pedestrians not long enough;
- No pedestrian crosswalk signs to warn drivers;
- Cannot get across safely on scooter;
- Distances between crosswalks promote jaywalking;
- (Conundrum) On multi-lane streets, drivers passing on right cannot see pedestrians crossing from left; and driver afraid to stop for pedestrians as two lanes and people pass on right or left; and,
- Hearing and sight challenged individuals at risk when crossing streets.

Suggestions

There was rather extensive discussion of solutions to the problems associated with crosswalks and seniors use thereof. While the majority of the suggestions were for actions to be undertaken by others, some suggestions identified seniors as the primary agent.

- On major streets, more crosswalks with amber flashing lights and signs to alert drivers are needed; (the City’s light-installation response to accident data was recognized)
- Activated walk lights must be made more visible;
- More mid-block crossings may be required on some streets where the long-side of the blocks parallels the road;
- Better repair of sidewalks and increased installation of ramps at corners in mature areas; aim should be ramps at all four corners of intersection;
- Better snow clearance with a particular emphasis on snow removal at crosswalks;
- Better street lighting at crosswalks;
- More good clear pedestrian crosswalk signage on major streets and in residential areas; such signage may include identifying special features of pedestrians – children crossing, elder crossing, hard of hearing crossing, blind, etc.
- Need three types of markers and lights for drivers and pedestrians; walk/don’t walk, yield right of way (at intersections with left and right turn controlled lights), and pedestrian corridor (at activated walk lights and school crossings);

- Recognize diversity of pedestrians – seniors, mobility challenged, hard of hearing, blind, etc. – by increasing walk time and having voice-instruction lights and countdown features,
- Some crosswalks need concrete pillars to stop cars from driving on sidewalks, such pillars should be placed so area is wheelchair accessible and capable of being cleared of snow and ice;
- Cyclist-pedestrian protocol on use of pedestrian crossings needed;
- On multi-lane streets, stagger the stop line with medial or left-hand lane most distant from intersection and the right hand lane more adjacent to intersection but further back than currently marked; (the aim is to increase the visibility of pedestrians on multi-lane streets and to signal to drivers that cars are yielding to pedestrians)
- Seniors can improve the adequacy of pedestrian crosswalks by expeditiously crossing the street, not attempting to “shoot” the pedestrian light; not jaywalking, and, above all, compensating for limitations by exercising due care and attention;
- Have one-day blitzes on driver and pedestrian violators of crosswalk and pedestrian bylaws; and,
- More enforcement by police patrols of crosswalk and pedestrian bylaws.

5.2.1.2.7 Traffic

WHO Descriptor. • **There is strict enforcement of traffic rules and regulations, with drivers giving way to pedestrians.**

Observations. Issues of high traffic volume and lack of driver courtesy were noted. Although most comments were related to regular pedestrian-driver interaction, several were included by the mobility challenged and their need to “compete” with drivers on the joint use of the roads. The interactions extended from pedestrian crossings to driveway and alley crossings.

Positive Comments.

None.

Negative Comments

Among the observations and negative comments were the following:

- I have a mobility problem and cannot get down sidewalks and have to go onto street – drivers are most disrespectful and unaccommodating;
- Increasing traffic volumes make it increasingly difficult for streets to be used by any pedestrian and especially for those with mobility problems;
- Many drivers discourteous – for example, making right turn, they cutoff or block pedestrians, and they stop on crosswalk and make pedestrians walk around them, thereby shortening time available for pedestrians to cross
- Claiming right-of-way attitude of drivers put pedestrians in crosswalks at risk;
- No pedestrian crosswalk signs to warn drivers;
- Hearing and sight challenged individuals at risk when crossing streets.
- Hard of hearing must be careful when entering the crosswalk as they cannot hear cars making right turns – cannot assume right of way.

Suggestions

While many complaints were made about the traffic, only two suggestions were made:

- Have one-day blitzes on driver and pedestrian violators of crosswalk and pedestrian bylaws; and,
- More enforcement by police patrols of crosswalk and pedestrian bylaws.

5.2.1.2.8 Cycle Paths

WHO Descriptor. There are separate cycle paths for cyclists

Observation. While there was a common recognition that we need to promote alternate means of transportation, the participants had few good words to say about cyclists and the joint use of pathways by pedestrians and the cyclists. It was seen as a safety issue. As cited in one group, “Cyclists are an issue. I was met by a guy on the Broadway Bridge coming quickly on his bike and accompanied by two dogs. I had to get out of his way. It is a real issue for those with mobility problems. Also, they ring their bell and the deaf cannot hear. Somebody was killed on Meewasin Trail by a cyclist and others have been injured.”

Positive Comments

While there was one positive comment about cyclists, the need for cycle paths was recognized.

- When I fell on the Meewasin Trail, a group of cyclists helped me up and saw me home;
- The introduction of cycle paths and lanes has recognized the need to accommodate cyclists and has allowed them to make everyday use of the bicycles for going to work and for recreation. There are many merits – reduced traffic, lower parking needs, safety, and health benefits; and,
- With the caveat that there should be separate paths for cyclists and pedestrians, there is a need to have continuous pathways that allow people to travel through and around the City.

Negative Comments

There was a plethora of negative comments about cyclists and joint-use pathways and sidewalks, and only a few comments about the pathways themselves. Among the comments were the following:

- Sharing sidewalks among normal pedestrians, seniors with wheelchairs and walkers, the deaf and hard of hearing, and bike riders, skate boarders and roller bladers fosters collisions; (The participant, who had both legs amputated, had been knocked down twice by cyclists);
- There is a need for a network of bicycle paths that would allow individuals to access the various areas of Saskatoon. When I go to SIAST from my eastside home, there is no bike path down 33rd so I must wind my way through the neighbourhoods or drive on a very busy street through a long, complex, and busy intersection.

Suggestions

Among the suggestions were the following:

- Need separate lanes on trails or “divided walkways” for pedestrians and cyclists in parks and on trails; need better signage on biking policies; and need a policy to walk bikes on bridge walkways;
- City to study the feasibility of measures to ensure pedestrian safety on sidewalks jointly used by pedestrians, cyclists, skateboarders, and roller-bladers: such a study would examine such matters as separate lanes for cyclists and pedestrians, and appropriate and adequate alerting devices; and,
- Develop and publicize a cyclist-pedestrian protocol on use of pedestrian crossings.

5.2.1.2.9 Safety (and Security)

WHO Descriptor: Public safety in all open spaces and buildings is a priority and is promoted by, for example, measures to reduce the risk from natural disasters, good street lighting, police patrols, enforcement of by-laws, and support for community and personal safety initiatives

Observations. In general, the participants felt Saskatoon was a safe city. It offered “lots of opportunities to be out and about in a safe environment.” However, there was a growing sense of vulnerability in some neighbourhoods and extending into the downtown. “People used to say we never lock our doors,” however, “We do now!” The reflective question was posed, “Is it a perception issue?” There was a general sense of confidence in the police, and an appreciation that “Chief Weighill understands community policing.”

Since personal safety was a prime consideration in the previous description of the various components of the Outdoor Spaces and Buildings dimensions, the focus in this section of the report is on the comments related to general assessments of public and personal security, and safety from intentional harm.

Positive and Negative Comments

The following observations and assessments were provided on safety, security and policing:

General

- We generally feel safe – both personal and property;
- Of all things that give worry, the highest is the amount and spread of crime;

Associated with neighbourhoods and locations

- It is safe in many areas of the city but not in other areas;
 - Pleasant Hill now has gangs and I will not drive through the area at night;
 - In the “Hood” (women) do not carry purses and feel they “have to always watch out” especially for gangs of adults (not children);
 - Problems in the “Hood” getting worse over the 20 years and people know it;
 - Some areas not safe – Riversdale. I had my purse. Four teenagers yelled “Lets get her!” I jumped fence (and escaped); Worry about the amount of crime and I am reluctant to go into certain areas; for example, the Roxy Theatre; and,

- (Women) who live in Westview find their neighbourhood safe and attribute that to Neighbourhood Watch, a volunteer group they believe operates out of Caroline Robbins School. Neighbourhoods who really care in contrast to people who don't want to get involved –“that's where there's lots of problems.
- The only place I find threatening is the tunnel at Confederation Mall under Circle Drive. Some people sit in between and people feel uneasy there. I don't feel threatened at the tunnel on 29th; and,
- Paths along the river on Meewasin near downtown aren't safe but paths along streets are.

Night

- There is a perception among seniors that it is unsafe to go out at night;
- I am afraid to go into parks at night;
- Very dangerous city at night – so deserted at night – no one around including police; and,
- Safety – I don't go out much in the evenings and I live in what many consider to be a safe neighbourhood.

Youth

- (One group) worried about “young people hanging around” and expressed fear of having their purses taken. The lamented the lack of courtesy they see on the part of young people and contrast that to the respect they experience from middle-aged people;
- Older woman was raped by three boys in a nearby back alley, and an older woman was “thrown into a ditch” and robbed of her belongings including her walker;
- Kids run wild. When I gave a young man a lift, he pulled a knife;
- Women feel unsafe walking along because of reports “at least three women were mugged” (by youth, including students from nearby high schools) – they try to go out in groups; and,
- “Watch out for teenage boys,” – the concern that seniors feel vulnerable is more a matter of perception – we need to reduce isolation and increase the involvement of seniors in the community and with youth.

Home

- We feel secure in our home;(Predominant comment)
- My house has been broken into only three times – I have installed bars on the basement windows and have a hammer by my bed;
- I have had my purse stolen off the kitchen table; and,
- When I go out I do not know if my house will be broken into by the time I get home – there are people watching for opportunities.

Police and policing

- Police bike patrols downtown give perception of feeling safe;
- (Chief) Weighill understand community policing;
- We use to have safety patrols in neighbourhoods;
- People in Westview have good experiences with police responding to phone calls;
- Firemen stopped a gang fight effective and quickly in the “Hood;”
- There is no police presence on the streets; . . . so deserted at night, no one around including police; and,
- In Riversdale, we have seen more police walking the streets lately.

Suggestions

The suggestions made on addressing safety and security issues ranged from preventive actions to increased enforcement. Among the suggestions were the following:

- We need to promote the development of caring communities to make neighbourhoods safer;
- We need to promote programs such as Neighbourhood Watch;
- (In order to address seniors negative perceptions of youth) we need intergenerational activities and to promote the civic and social engagement of seniors;
- In the design of outdoor spaces and buildings more consideration must be given to safety and security considerations – issues of visibility, traffic patterns, and ease of supervision must be addressed; Design is important and perhaps the police should be involved in a review of the plans;
- More safe walk services for escorting seniors in the evenings and at nights are needed – service should be promoted among businesses, theatres, and event organizers;
- Need to increase police opportunities to talk with older adults about what would be useful for older adults and to establish two-way community-based interactions;
- Need to increase the number of higher visibility police patrols downtown, in parks, and other public spaces; and,
- Better enforcement or, in the case of cyclists, enforcement of regulations pertaining to the use of parks, sidewalks, crosswalks and streets.

5.2.1.2.10 Services

WHO Descriptor: Services are clustered, located in close proximity to where older people live and can be easily accessed (e.g. are located on the ground floor of buildings).• There are special customer service arrangements for older people, such as separate queues or service counters for older people.

Observations. During the focus group discussions on Outdoor Spaces and Buildings discussion on access to and the availability of services frequently arose. These discussions were frequently directed toward the normative statements of what should be rather than toward summative statements of assessment. As shown by the following, the discussions extended from macro to micro considerations:

Positive, Negative and Normative Comments

i. Macro/Meso Considerations

- Downtown and some mature neighbourhoods have no grocery stores and few neighbourhood services; services are moving away from the mature neighbourhoods; (The convenience and extent of new electronic services were recognized)
- The community should be one where you can walk where you want to go, thus, there needs to be “local communities.” (clusters with proximity of services) – need for an

integration of location and services, local multi-use facilities, and seniors centre(s); [The Independent Living and Local Community Agenda]

- Seniors should give up cars, become more eco-friendly, and support public transit; [The Green Agenda]
- Availability of neighbourhood services can be an important factor affecting seniors movement in accommodations from house to condo and to assisted living; this movement can lead to the development of senior ghettos;
- There are significant variations in the needs and characteristics of the neighbourhoods and this heterogeneity of circumstances must be recognized (Example, Pleasant Hill and Station 20);
- Seniors should be integrated into the community and not ghettoized into selected locations around malls and centralized medical services; [The Integrated Community Agenda]
- Experts “from away” do not understand Saskatoon’s winter conditions and should not be called on to give expert advice on winter-related topics (Example, Big-Box shopping centres); and,
- There is a need for awareness and engagement among seniors, service providers, businesses and the general citizenry in order to achieve the necessary considerations and involvement in decision making.

Micro Considerations

- Many seniors lack personal transportation to get groceries so must walk or rely on public transit that limits the groceries to a portable load, or engage a taxi and spend over \$20 of food money; and,
- Winter presents mobility problems that limit the mobility of seniors and tends to confine them to their residences, thus, there is a need for indoor recreational spaces for winter use, and for home delivery services.

There were other observations that specifically addressed the ‘services available’ component of the answer to the question, “What is it like to go into buildings such as public offices and stores?” Among the observations were the following:

- University of Saskatchewan has a phone line for university disability services and they are responsive to complaints about inaccessible classrooms and make arrangements for classes to be moved to accessible rooms;
- The University and some other organizations will provide escort services for individuals going to the parking lot at night;
- Most grocery stores will assist individuals to take groceries to their cars;
- Co-op has a “Seniors Day” when seniors are bused from their condos and assisted living facilities to the stores for grocery shopping, and many low volume items are placed on the shelves; (some individuals living independently, by congregating at these facilities, use these buses)
- (Again) Downtown and some mature neighbourhoods have no grocery stores and few neighbourhood services;
- Market Mall makes wheelchairs available to those who need them and is the destination mall for seniors even from the other end of the City; the new Wal-Mart on the west side has scooters available;

- Midtown Plaza does not make wheelchairs available and getting around is very difficult for people with mobility or pain problems; and,
- There is a need for volunteers to escort the hard of hearing at museums and other public display areas where there are oral presentations. (The increased ability of the hard of hearing to communicate through the use of electronic texting was identified.)

Suggestions

The suggestions on the ‘service available’ component of ‘Buildings’ ranged from the macro/micro matters to specific services at one facility.;

- New neighbourhoods need to be designed to promote independent living of seniors in integrated local communities;
- Seniors need to be more proactive and let people know of the deficiencies: Seniors need to meet with business owners and increase their awareness of the needs and desires for special services;
- In some areas of the City, shuttle buses need to be organized to transport seniors and others to grocery stores from designated spots at designated times;
- Affordable local on-line shopping and delivery mechanisms need to be developed and implemented;
- Malls, most stand-alone stores, and medical services facilities should make wheelchairs available to their clients/customers;
- Where the facilities provide services at night, escort services should be available to women, the handicapped, and seniors for assistance in getting to their cars in the parking lot – a safe walk service; and,
- More accommodations for the blind and hard of hearing are required.

5.2.1.2.10 Buildings

WHO Descriptor: • **Buildings are accessible and have the following features: elevators; ramps; adequate signage; railings on stairs; stairs that are not too high or steep; non-slip flooring; rest areas with comfortable chairs; and, sufficient numbers of public toilets.**

General observations. The general focus group question on buildings posed to the focus group was “What is it like to go into buildings such as public offices and stores?” In general, most buildings, including malls, in Saskatoon were considered age-friendly. It was noted that most public buildings had good access, automatic doors that were easily activated, good ramps, good internal accessibility, and accessible public restrooms. Most public and private buildings had achieved “access accommodation.” As a summative assessment, members of a mobility challenged group noted “Ninety five per cent of the buildings are good but still some places without proper access for handicapped with scooters, wheelchairs, and walkers.” On the other hand, exceptions do exist: As noted by one businessperson, “Seniors don’t come to our office, we go to them. Wheelchair accessibility is a problem.” The respondents identified and addressed several external issues associated with entrances and parking; internal issues associated with accessibility, accommodation, seating and rest areas; and, infrastructure issues of availability and

proximity of services. There was a great deal of commonality among the responses of the focus groups.

Note: Given the diversity of topics and the length of this section of the report, “suggestions” and “safety issues” have been included with each ‘Building and Services’ component rather than treated globally and included as separate topics.

a. Entrances.

Observations. The observations about the entrances to buildings could be classified into two components: (1) access to the entrance doors; and (2) entering and exiting those doors. Most of the entrance issues identified in the observations were associated with lack of strength and mobility problems of the seniors – as stated by one participant, “Access is not a problem for physically able seniors.” The comments on the approaches to the entrances primarily related to the distance between the entrances and parking lots, bus stops and drop-off points, and to stairs and inadequate ramps before the entrances. In many groups, the observation was made that individuals don’t notice the issues until they have a mobility problem or must care for somebody with a problem. There were only a few comments on access and entry maintenance, and on safety problems associated with snow/ice clearance.

Positive and Negative Comments

Approaches. Among the comments on approaches to the entrances were the following:

- Generally, the ramps are good and there have been improvements;
- The steep slope on some driveways that serve as the sidewalk to the entrances are fine for cars but not for pedestrians, particularly in the wintertime;
- The hospitals are terrible – the entrances are too far away from parking and drop-off points – the overhead walkway makes access more difficult;
- Many buildings have steps before their entrances;
- Removal of steps at entrance to Midtown Plaza and installation of sloping floors at entrance areas have increased safety for people with mobility issues;
- At Midtown Plaza, due to the underground parking area having too low a ceiling, the shuttle bus had to park behind the building and I had to go up a ramp and it was a long way to where elevator located.
- Curling rinks and the buildings occupied by not-for-profit organizations (including churches) do not have the resources to convert stairs to and from entrances – many need an elevator;
- Access to SaskPlace (Credit Union Centre) is very difficult: parking lot huge and walking difficult; taxis go to side doors that require a person inside to open double doors; and problems with snow clearance;
- There is a design issue with big-box shopping centres – a California design; without underground parking and with long walks in parking area and on sidewalks, there are problems with distances and keeping surfaces clear of snow and ice; and,
- Have difficulties at Market Mall – kids park on our streets and in our back alley, and we have to go around whole block to get to Market Mall.

Entrances. The comments on the entrances themselves were mainly related to doors and door casings as barriers. Among the comments on entrances were the following:

- Many public and private buildings – new and old – have automatic doors that open by the push of a button;
- Many stores do not have automatic doors and the handicapped have to knock on the window to ask staff to let them in;
- Some automatic doors are not wide enough for wheelchairs and scooters, and some do not allow enough time for seniors, or senior in wheelchair with caregiver, to get through;
- Extreme weather can be a problem for automatic doors, specifically, and building entrances in general;
- On some automatic doors, the button doesn't work or is deactivated;
- Buildings without automatic doors cause great difficulty for people with walkers or in wheelchairs, caregivers who are pushing wheelchairs, and mothers pushing strollers and with small children; (Doctors' offices were frequently given as examples)
- Doors to most buildings are very heavy and difficult to open;
- On Broadway, there is a conflict between the maintenance of the heritage of the buildings and enhancing entrance accessibility: many entrances on heritage properties are step-up and narrow;
- Regular door at pharmacy not wide enough to get in with a walker or scooter;
- Some doors not wheelchair friendly as you must pull door toward you;
- Little lips or humps at door make it difficult to push wheelchair in – must back in; and,
- Piece of metal across bottom of door catches senior's walker.

Suggestions.

In addition to the frequent snow/ice clearing suggestion, the following suggestions were made for entrances to buildings:

- Need more wheelchair accessible automatic doors and openers;
- Door-opening buttons need to work;
- When remodeling, doors on buildings and washrooms should be changed; to accommodate wheelchairs and scooters;
- Revolving doors should be slowed down to accommodate walkers and those with mobility issues; and,
- Drop-off parking at hospitals should have adjacent parking spot so one person can drive the senior and assist them from the car into the hospital or doctor's office [Now, in many cases, two assistants are required: (1) one to assist senior into the building and office; and, (2) one to park car and return to building].

b. Interiors

Observations. As noted by one participant, "Once you get inside the buildings, there are other issues." These issues ranged from access and safety problems associated with stairs, ramps, elevators, floors and washrooms to the age-friendliness of theatres and hotels.

Positive and Negative Comments

Among the comments made on accessibility for seniors within public and private buildings and stores, and on the adequacy of these provisions for accessibility were the following:

Elevators

- Many buildings only have stairs for individuals to enter and to access the various levels of the building. For people with mobility and problems and some seniors, there is a need for elevators.
- Elevators are hard to get in and out – some are small, crowded and with gaps hindering wheelchairs and walkers;
- An eight storey high-rise had one elevator and it was out for a month. Some residents had to move out and others went to their cabin at the lake. There needs to be at least two elevators in these facilities for no other reason than as an emergency exit;

Stairs and ramps

- There has been a marked improvement in the number of ramps;
- Given the slope, number and size of steps, and the narrowness of stairwells, there is a need for a review of the building code to accommodate seniors and mobility challenged individuals;
- Lots of stairs have railing on only one side – need railing on both sides; and,
- Railing is needed on ramps;

Floors

- Floors in many public buildings look beautiful but are slippery and put people at risk of falling – some malls (Lawson Mall) and the lobby of new condos are examples;
- Tile floor in the RUH lobby is bumpy and increases the pain of patients who are being wheeled over it; and,
- The floor mats at entrances to some buildings slide and curl up.

Theatres

- Theatres pose challenges to people with disabilities. Persephone is considered “a disgrace” for a new building – limited seating for wheelchairs, narrow aisles, ramps too steep for people in a wheelchair to get up independently – do have the use of a narrow lift;
- In city theatres and auditoriums persons with compromised mobility, who walk or are in a wheelchair, find the steep inclines, narrow stairs and lack of handrails “harrowing” – low lighting at Persephone compounds risks (luminous stair strips noted); and,
- TCU Place has much improved wheelchair accessibility though more improvements are needed.

Hotels

- Wheelchair accessible rooms in hotels are not accessible; and,
- Hotels, where older adults in wheelchairs complain the wheelchair-accessible rooms they booked are not accessible, are often willing to try to make changes such as sending additional equipment or moving items. (The Bessborough Hotel was described by several participants as “doing whatever it takes” to be accommodating and helpful.)

No maintenance issues within buildings were identified. However, inspection of the above list of observations would show that the following safety issues, plus some security issues, were noted:

- Open hallways to washrooms increases feelings of security;
- Ice grips are hazardous on floors of stores but frequently there are no benches to sit on and remove them;
- Need handrails beside stairs and ramps;
- (In theatres) steep inclines, narrow stairs and lack of handrails “harrowing” . . .;
- Floors in many public buildings . . . are slippery and put people at risk of falls;
- Mats inside buildings are sometimes curled and dangerous;
- Snow clearing an issue – around buildings and between building and parking spot;
- At condo, found man sleeping inside because resident didn’t close door; doors on underground parking allow people to sneak in;
- Felt uneasy at public parking at University Hospital – I am deaf and feel vulnerable – City Hospital good; and,
- Security in the Mall is regarded as good especially during the noon hour when many young people from schools are there

Suggestions.

The following suggestions to address the internal accessibility and safety issues were proffered by the participants;

- Need to increase individual and group awareness and engagement of businesses – grassroots’ stories shared by individuals and businesses could lead to awareness and solutions;
- Need a “seniors’ audit” of businesses; seniors conduct the audit and zero in on the issues with the business or proprietor;
- Seniors need to be more proactive and inform businesses and proprietors of the problems and issues;
- There should be grants for the construction of appropriate accommodations for seniors with mobility problems;
- Planning committees for public buildings, including hospitals, should include persons with disabilities and mobility issues;
- Should have disabled test run buildings and outdoor spaces for actual accessibility and usability;
- Architects should have training on needs of people who use mobility aids;
- Require removal of steps before elevators (not wheelchair accessible);
- Need better signage directing people to elevators;
- Need elevator redundancy in high-rise apartments and condos; and,
- Malls need more visible security particularly at night and in parking lots.

c. Parking

Participant observations on parking were solicited under both the Outdoor Spaces and Buildings and the Transportation key dimensions of an age-friendly community. The orientation to parking under the Transportation key dimension was from the perspective of a driver with a focus on transportation. Under this dimension, the Building component of Outdoor Spaces and Building,

the orientation to parking was from the perspective of passengers accessing the destination building.

Observations. Inspection of the comments would show there was an interaction effect between the destination point and the quality and availability of parking. Where there was discretion, seniors went to locations where there were good parking arrangements. However, there were some fixed destinations, such as hospitals, where parking was a problem that had to be addressed. The lack of affordable and appropriate parking downtown and at hospitals was seen as a major barrier to the age-friendliness of Saskatoon for seniors. No safety or maintenance issues were identified for parking.

Positive and Negative Comments

The following statements were made about parking as it related to access to buildings and services:

General

- City does not have enough parking spaces;
- Parking almost non-existent – it is the bane of my existence in Saskatoon in the winter; and,
- There are no parking spaces for individuals not yet eligible for handicapped stickers but who cannot manage much walking because of pain and impaired mobility [Those waiting for hip or knee surgery].

Malls

- In the winter, I go to malls where there is underground parking;
- Access into the Market Mall from underground parking and from bus stop is difficult as the doors are very heavy and not automatic – older persons carrying groceries or other parcels find it awkward to get out of the Mall to the bus stop;
- I go to malls because there are lots of places to park;
- Malls and most larger grocery stores provide carts for delivering groceries and other purchases to parked vehicle – not so downtown;
- Due to ease of parking and not having to plug a meter, people drive their trucks and larger vehicles to the Mall; and,
- There are not enough handicapped parking spots in some areas, especially malls.

Downtown

- We avoid parking downtown as the parking is limited to two hours and most activities require three hours or more;
- Don't go downtown – few spots to park and parking is very expensive;
- Not enough parking and handicapped parking downtown;
- Parking is a great challenge downtown – as the City grows it is a greater challenge;
- Only go downtown for governmental or medical office services;
- Access from street to sidewalk at handicapped and regular parking spots is impossible for people in wheelchairs and scooters whose companions cannot lift the wheelchair or scooter over the curb; and,

- The shuttle buses for seniors and handicapped should have better access through Midtown paid-parking lot and the access should be free.

Hospitals

- Access to parking at hospitals is limited – you are lucky to get a spot and then there is the long walk; terrible parking at RUH and City; and,
- Hospitals are not age-friendly - difficult for seniors to enter, no wheelchairs available, then; need to find parking place: need two people to accompany senior – one to accompany him and on to find parking with car after drop-off.

The high costs of parking downtown and at hospitals were identified as affordability issues.

- Parking downtown (metered and parkade) is high cost and I have a limited income;
- Cost of parking at hospitals is outrageous – long term parking associated with spousal and caregiver visitations makes parking unaffordable – at \$3.00 per hour and up to \$19 per daily visit for five days or more can result in at least a \$100 expense per week; Saskatoon Home Support employees will not go to hospital because of parking fee and, if they do go, there is a charge back to the client; and,
- It is better to take an Access bus, if available, since it stops at the front doors of hospitals – need similar shuttle bus services for out-of-town visitors.

Suggestions.

Among the suggestions made by the participants to address the parking issues were the following:

- Businesses could have parking spaces marked “reserved for seniors” next to handicapped spaces. These would be courtesy spots – not policed or subject to fines – and would be a good way for businesses to show they are age friendly.
- Need to rethink parking lots – underground parking; zoned parking lots rather than one large lot; building placement (centre vs. perimeter vs. box stores);
- City needs to give higher priority to downtown parking and to affordable parking downtown and on major streets;
- Health Region needs to give higher priority to parking, handicapped access, benches, restrooms, etc.;
- All public facilities, including Sask. Place (Credit Union Centre), should be required to ensure snow removal on steps, ramps and parking lots, adequate and close handicapped parking, and designated parking for frail elderly and other persons with compromised mobility;
- Need ‘park-and-go’ shuttle services from designated malls to designated hospitals; and,
- Efforts should be made to ensure information on handicapped parking is available in many locations including City Hall, doctors’ offices, and on internet; such information would include sticker eligibility requirements, what is covered, where to purchase, etc.)

d. Seating and rest areas

Observations. The focus in this section is on seating and rest areas in buildings and the approaches to buildings. The general assessments of washroom facilities have been included under the separate section entitled “Public and Rest Areas.” The seniors’ need for benches and

other places to rest when walking and waiting extended throughout the environment of Saskatoon and reflected the seniors' desires to be active and independent members of the community. The lack of benches and other rest areas was identified as a factor negating the engagement of seniors and their caregivers. In that sense, seating and rest areas can be considered determinants of access and engagement.

Positive and Negative Comments

Although many comments were made on the accessibility and availability of seating and rest areas, no observations were made on the maintenance and safety of such facilities. Among the issues identified were the following:

- Need more benches for seniors;
- Need more sitting places for wheelchairs in theatres, restaurants, waiting rooms, etc.;
- Lack of places to sit is a bigger problem than access to seniors escorting older frail seniors to appointments, on shopping trips, etc.;
- There are fewer benches in Midtown Plaza and the Bay than there used to be;
- Box Malls are bad – no place to sit and rest;
- Need seating facilities in malls, stores, downtown, beside sidewalks, and in parks;
- The distance from the RUH parking lot to the registration desk at Outpatients and Admitting is very long and there are no places to rest on the way and no chair at the Outpatients' Registration desk;
- Ice grips are hazardous inside but there are no benches to sit on and remove them; need benches inside main doors of malls, banks, stores, etc., to remove spikes and walk safely inside; and,
- Many sitting areas have molded chairs, and benches and tables affixed to the floor that restrict access for individuals with canes, walkers, wheelchairs and scooters.

Suggestions

As illustrated by the following comments, the suggestions mainly related to the provision of more benches and rest areas;

- City planning should give greater consideration to the sitting needs in public and private spaces of the citizens, including seniors;
- Install more seating in malls, stores and along sidewalks; and,
- For removal of ice spikes, install benches inside main doors of malls, banks, etc. [Reports that the fire department does not like benches inside main doors should be investigated and workable solutions found; and, solutions to the problems arising from youth using the benches to “hang out” at the main entrances of malls need to be sought.]

5.2.1.2.11 Public Washroom/Rest Areas

An important consideration of whether or not a community is age friendly by seniors is the accessibility and adequacy of publicly-available washrooms. While washrooms are important to all citizens, they are particularly important to seniors and to the handicapped. The following comments, assessments and suggestions were provided by the participants. In general, there was

the opinion that there was a shortage of public washrooms, and, among those that exist, there were few that were appropriately accommodating for the handicapped.

Positive and Negative Comments

The following comments were provided on the accessibility and adequacy of washroom/rest areas in public open spaces and in public/private buildings;

- In most areas, there are no public facilities – washrooms; in other areas, there are few public washrooms. Could use more but hard to manage;
- Availability of washrooms an issue on the Meewasin Trail, in parks and on other paths for those with bladder control problems;
- Availability of washrooms in most public places not a problem; availability is improving – Market Mall removed doors to washrooms so now accessible, no problem with anything in Sturdy Stone Place;
- Several public washrooms in the downtown area have been closed – the lack of access to public washrooms means many seniors don't go downtown;
- Difficult to find public washrooms and there are lots of inaccessible public washrooms where the proprietors will not let you use them unless you are a customer;
- There is a lack of family washrooms where caregivers can take opposite sex partners;
- Some public washrooms are in isolated areas, seniors feel unsafe in Midtown Plaza where washrooms are down a long hall and lots of kids around (at food court);
- There is an issue of privacy versus safety in public washrooms;
- Poor signage: Cannot find washrooms in Midtown Plaza – only one in food court and way out at far end;
- Design features of some newer public washrooms increase seniors' feeling of safety – newer washrooms without entrance doors make people feel safer, are wheelchair accessible, and stall doors open outward;
- Mobility accessibility is an issue:
 - Washrooms down stairs so not available to scooter or wheelchair
 - Cannot get around right turn (90 degree) inner door with walker, wheelchair or scooter;
 - Some wheelchair accessible toilets are just space and no other accommodations; and,
 - Some stalls have low toilets, lack railing, toilet squeezed into corner, and inward opening doors that make toilet inaccessible or only accessible if door left open.

Suggestions

The following actions on public washrooms were recommended;

- More public washrooms are needed downtown and the new public-washroom design should be adopted;
- More washrooms need to be renovated to accommodate the handicapped;
- Portable washrooms for the handicapped need to be developed and made available at outdoor public events and in locations where there are a shortage of washroom facilities;
- Good signage is essential if people are to know where public washrooms are located;
- Need more family washrooms to accommodate caregivers and senior of opposite sex;

- Review the building codes for buildings and washrooms for the accommodation of the handicapped – do not limit this consideration to the accommodation of wheelchairs as seniors have other issues such as the height of toilets, railings, door latches, lighting, privacy and safety that pertain to all stalls;
- Malls and other shopping areas, that want seniors' business, should make public washrooms accessible and publicize where they are; and,
- The Saskatoon Health Region needs to plan better – parking, handicapped access, public washrooms, etc. are all issues associated with facilities it manages.

The above constitutes a compilation of the qualitative data gathered from focus groups. The qualitative data, yielded by the survey responses, and the qualitative data gathered by interviews of selected stakeholder groups will be added to produce the summaries and recommendations pertaining to the key dimension of *Outdoor Spaces and Buildings*.

5.2.2 Dimension 1: Quantitative Results: Surveys

In order to obtain quantitative measures of the participants' assessments of the various aspects of an age-friendly community, the Age-friendly Saskatoon Survey was distributed in print and electronic form among the community-based organizations dealing with older adults and caregivers, and to the public-at-large. Since the items on the survey were just a sample of possible items, responses on some topics were not sought. As a result, on the *Age-friendly outdoor spaces and buildings checklist*, only the following aspects were addressed: (1) Outdoor seating; (2) Pavements - Sidewalks, Pathways and Trails; (3) Roads – Streets and Pedestrian Crossings; (4) Safety; (5) Services; (6) Buildings – Entrances; Parking, and Interior; Services; and, (7) Public and Rest Areas. The topics not addressed were the Environment, Green Spaces and Walkways; Traffic, and Cycle Paths.

The percentages and means of the survey samples responses to the Outdoor Spaces and Buildings section of the Age-friendly Saskatoon Survey have been presented in Table 4. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents, thus, it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondent have an ability limitation, similar results have been presented in Tables 5 and 6, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.2.2.1 Outdoor Seating

Total Sample

As shown in Table 4, in response to the item, ***“Have useable and spaced benches that are well maintained and safe,”*** the issue of outdoor seating appeared to have a moderate index of centrality. The percentage of respondents in agreement with the statement was 58.6 per cent and disagreeing was 29.8 per cent. Thus, a majority of respondents were in agreement with the statement, Saskatoon has useable and spaced benches that are well maintained and safe but a significant minority was in disagreement.

Table 4
Survey Results:1. Outdoor Spaces and Buildings (N = 302)

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
A. Outside Spaces						
<i>What is it like to step outside of your home – to go for a walk and enjoy the fresh air, to run errands or to visit?</i>						
Entrances						
Are accessible and free from obstructs.	4.0	0.7	7.6	60.6	27.2	3.2
Are well lit	5.3	0.3	6.3	59.6	28.5	3.2
Have wheelchair sloped entry ramps	12.9	10.6	15.9	43.4	17.2	2.8
Are non-slip with level wheelchair access	19.9	10.3	22.5	31.5	15.9	2.7
Doors are easy to open by someone using a walker or in a wheelchair	10.6	11.9	22.9	37.8	16.9	2.7
Total Component						2.9
Sidewalks, Pathways and Trails						
Are well-maintained	4.6	7.0	25.5	47.4	15.6	2.8
Are continuous, wide, non-slip and have dropped curbs	12.9	6.0	24.8	44.0	12.3	2.7
Have prompt snow removal and snow is removed or piled out of the way	7.0	12.9	28.2	36.1	15.9	2.6
Have useable and spaced benches that are well maintained and safe	11.6	7.6	22.2	48.0	10.6	2.7
Total Component						2.7
Parking						
Parking lots are safe to walk and ice free to prevent falls	12.6	10.9	33.4	33.8	9.3	2.5
Available parking is well-maintained and located nearby for easy access	11.9	4.6	16.6	55.3	11.6	2.8
Drop-off and pick-up areas are available, obstruction free, clearly marked, and conveniently located	10.3	3.0	13.3	60.0	13.6	2.9
There are a sufficient number of handicap-accessible parking spots	23.8	7.0	23.8	35.4	10.0	2.6
Total Component						2.7
Streets and Pedestrian Crossings						
Are well-maintained	6.3	12.3	26.5	48.0	7.0	2.5
Have good lighting	8.0	1.7	13.9	66.9	9.6	2.9
Have safe pedestrian crossings with non-slip markings, visual and audio cues and adequate crossing times	12.9	6.0	24.8	44.0	12.3	2.4
Pedestrians have the right of way at intersections and crossings	11.6	6.6	20.5	60.0	10.3	2.7
Total Component						2.7

*Mean score with S.D.= 1; D = 2; A= 3 and SA=4 – NR and Not Sure not included

Table 4 (Cont.)
Survey Results: 1. Outdoor Spaces and Buildings
(N = 302)

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	Mean
B. Buildings						
<i>What is it like to go into buildings such as public offices and stores?</i>						
Buildings						
Entrance doors are easy to open by someone in a wheelchair	18.9	5.6	26.8	41.1	7.7	2.6
There are automatic doors with accessible buttons that are open long enough to allow people with wheelchairs	17.2	1.3	18.2	54.6	8.6	2.9
There are no or as few stairs as possible, inside and outside	23.2	2.0	15.2	52.7	7.0	2.8
The flooring is non-slip	26.5	2.3	27.2	38.4	5.6	2.6
Washrooms are located on the main floor	20.9	2.0	10.9	56.3	9.9	2.9
Washrooms are large enough for wheelchairs, walkers and strollers	22.5	2.3	12.3	52.3	10.6	2.9
Signs are easy to read outside and inside	12.9	0.7	15.9	60.3	10.3	2.9
There are sufficient seating for patrons to rest or to use services	17.2	3.3	27.8	41.7	9.9	2.7
Elevators and/or ramps are available	14.6	0.7	10.9	63.9	9.9	3.0
Stairs are safe and have railings	15.2	1.0	10.6	63.6	9.6	3.0
Services are grouped together, located in close proximity to where older people live, (grocery stores, churches)	13.2	11.3	26.8	43.1	5.6	2.5
Total Component						2.8
Public and Rest Areas						
Are clean and pleasant	10.6	2.7	18.9	60.9	7.0	2.8
Are located in appropriate areas for use and are sufficient in number	16.9	3.0	24.2	48.0	8.0	2.7
Are well-maintained and safe to use	16.6	2.7	17.9	54.0	8.9	2.8
Total Component						2.8
Safety						
Police patrols and community education to support safety	25.8	3.3	20.2	45.4	6.3	2.7
Neighbourhoods are well lit	12.9	2.0	18.9	59.3	7.0	2.8
Total Component 1						2.8
TOTAL DIMENSION						2.76

Differences – Sex and Ability Limited

The percentages of responses, when classified on the bases of the sex of respondent and whether or not the individual had an ability limitation, have been presented in Table 5 and Table 6, respectively.

Sex differences. Inspection of Table 5 would show that there was no significant difference between the percentage of males and females agreeing with the outdoor seating item (Agree: Male 56.0%; Female 60.0%). However, a higher percentage of males disagreed with the statement (Disagree: Male 38.1%; Female 27.0%). Males gave a higher index of centrality to this item than did the female respondents (Males 6.0%; Females 13.0%)

Ability differences. Inspection of Table 6 would show that the responses of those with ability limitations were not markedly different than those without such limitations.

Conclusion

The majority of respondents agreed with the statement that Saskatoon has “useable and spaced benches that are well maintained and safe.” A substantial majority disagreed with this statement. The matter of outdoor seating had a moderate level of centrality of interest for older adults.

5.2.2.2 Pavements (Sidewalks and Trails)

Total Sample

The following three items pertained to the assessment of the age-friendliness of Saskatoon’s sidewalks and trails: **Are well-maintained; Are continuous, wide, non-slip and have dropped curbs;** and, **Have prompt snow removal and snow is removed or piled out of the way.** Sidewalk maintenance and snow clearance were of high centrality to the respondents. Sixty three per cent of the respondents believed the sidewalks were well maintained and 52.0 per cent believed there was prompt snow clearance and removal. Conversely, 32.5 per cent held the opinion that sidewalks were not well maintained, and 41.1 per cent were of the opinion that snow clearance and removal were not prompt. Thus, on the items on sidewalk maintenance and prompt snow removal, the majority agreed and there was a substantial minority that disagreed. Both sidewalk maintenance and snow clearance were of central interest to the participants.

In response to the statement, the sidewalks of Saskatoon “Are continuous, wide, non-slip and have dropped curbs,” 56.3 per cent expressed agreement and 30.8 per cent expressed disagreement. The item was of only medium interest to the respondents.

Differences – Sex and Ability Limited

Sex differences. There were no marked differences in the responses of males and females on the sidewalk maintenance, snow clearance, and sidewalk surface and curb items.

Table 5
Survey Results: 1. Outdoor Spaces and Buildings: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% N sure	% * Disagree	% Agree	% N-sure	% Disagree
A. Outside Spaces						
<i>What is it like to step outside of your home . . . ?</i>						
Entrances						
Are accessible and free from obstructs.	94.1	2.4	3.6	85.6	4.2	10.2
Are well lit	90.5	3.6	6.0	87.4	5.6	7.0
Have wheelchair sloped entry ramps	58.3	15.5	26.2	61.4	11.6	27.0
Are non-slip with level wheelchair access	50.0	17.9	32.1	46.1	20.5	33.5
Doors are easy to open by someone using a walker or in a wheelchair	64.3	9.5	26.2	51.2	10.7	38.1
Sidewalks, Pathways, Trails						
Are well-maintained	67.9	2.4	29.8	61.9	4.7	33.5
Are continuous, wide, non-slip and have dropped curbs	60.7	6.0	33.3	54.9	14.9	30.2
Have prompt snow removal and snow is removed or piled out of the way	54.8	4.8	40.5	51.6	7.0	41.4
Have useable and spaced benches that are well maintained and safe	56.0	6.0	38.1	60.0	13.0	27.0
Parking						
Parking lots are safe to walk and ice free to prevent falls	57.1	9.5	33.3	37.2	13.5	49.3
Available parking is well-maintained and located nearby for easy access	67.9	9.5	22.6	67.4	12.1	20.5
Drop-off and pick-up areas are available, obstruction free, clearly marked, and conveniently located	75.0	8.3	16.7	73.5	10.7	15.8
There are a sufficient number of handicap-accessible parking spots	63.1	17.9	19.1	39.1	25.6	35.4
Streets, Pedestrian Crossing						
Are well-maintained	65.5	3.6	31.0	51.6	7.4	40.9
Have good lighting	78.6	4.8	16.7	75.8	8.8	15.4
Have safe pedestrian crossings with non-slip markings, visual and audio cues and adequate crossing times	52.4	10.7	36.9	35.8	17.2	47.0
Pedestrians have the right of way at intersections and crossings	54.8	10.7	34.5	63.7	12.1	24.2

Table 5 (Cont.)
Survey Results: 1. Outdoor Spaces and Buildings: Sex Differences

Dimension/ Item	Male			Female		
	% Agree	% Not- sure	% Disagree	% Agree	% Not- sure	% Disagree
B. Buildings						
<i>What is it like to go into buildings such as public offices and stores?</i>						
Entrance doors are easy to open by someone in a wheelchair	54.8	19.1	26.2	46.5	19.1	34.4
There are automatic doors with accessible buttons that are open long enough to allow people with wheelchairs	66.7	13.1	20.2	61.4	19.1	19.5
There are no or as few stairs as possible, inside and outside	61.9	14.3	23.8	58.6	26.5	14.9
The flooring is non-slip	50.0	20.2	29.8	42.3	29.3	28.4
Washrooms are located on the main floor	70.2	19.1	10.7	64.7	21.9	13.5
Washrooms are large enough for wheelchairs, walkers and strollers	63.1	25.0	11.9	62.8	21.4	15.8
Signs are easy to read outside and inside	77.4	10.7	11.9	67.4	14.0	18.6
There are sufficient seating for patrons to rest or to use services	52.4	14.3	33.3	52.1	18.1	29.8
Elevators and/or ramps are available	76.2	13.1	10.7	72.6	15.4	12.1
Stairs are safe and have railings	78.6	11.9	9.5	70.7	16.7	12.6
Services are grouped together, located in close proximity to where older people live, (grocery stores, churches)	51.2	9.5	39.3	47.9	14.9	37.2
Public and Rest Areas						
Are clean and pleasant	66.7	9.5	23.8	67.9	11.2	20.9
Are located in appropriate areas for use and are sufficient in number	54.8	13.1	32.1	56.3	18.6	25.1
Are well-maintained and safe to use	59.5	13.1	27.4	63.7	18.1	18.1
Safety						
Police patrols and community education to support safety	53.6	15.5	31.0	49.8	29.8	20.5
Neighbourhoods are well lit	70.2	10.7	19.1	64.2	14.0	21.9

** Does not include No Response data.

* Favourable = agree + strongly agree Unfavourable = disagree + strongly disagree

Table 6
Survey Results: 1. Outdoor Spaces and Buildings: Ability Limitation

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% N-sure	% * Disagree	% Agree	% N-sure	% Disagree
A. Outside Spaces						
<i>What is it like to step outside of your home – to go for a walk and enjoy the fresh air, to run errands or to visit?</i>						
Entrances						
Are accessible and free from obstructs.	83.2	7.9	8.9	90.4	1.8	7.8
Are well lit	84.2	8.9	6.9	90.4	3.0	6.6
Have wheelchair sloped entry ramps	60.4	16.8	22.8	60.6	10.6	28.8
Are non-slip with level wheelchair access	47.5	20.8	31.7	47.0	19.2	33.8
Doors are easy to open by someone using a walker or in a wheelchair	57.4	11.9	30.7	53.0	9.6	37.4
Sidewalks, Pathways, Trails						
Are well-maintained	60.4	5.9	33.7	65.2	2.5	32.3
Are continuous, wide, non-slip and have dropped curbs	45.5	20.8	33.7	62.1	8.1	29.8
Have prompt snow removal and snow is removed or piled out of the way	50.5	8.9	40.6	53.5	5.1	41.4
Have useable and spaced benches that are well maintained and safe	57.4	13.9	28.7	59.6	9.6	30.8
Parking						
Parking lots are safe to walk and ice free to prevent falls	31.7	20.8	47.5	49.0	8.1	42.9
Available parking is well-maintained and located nearby for easy access	57.4	18.8	23.8	72.2	7.6	20.2
Drop-off and pick-up areas are available, obstruction free, clearly marked, and conveniently located	71.3	12.9	15.8	75.3	8.1	16.7
There are a sufficient number of handicap-accessible parking spots	29.7	27.7	42.6	53.5	21.2	25.3
Streets and Pedestrian Crossings						
Are well-maintained	46.5	12.9	40.6	60.1	2.5	37.4
Have good lighting	65.4	14.9	19.8	82.3	4.0	13.6
Have safe pedestrian crossings with non-slip markings, visual and audio cues and adequate crossing times	34.7	20.8	44.6	43.9	12.1	43.9
Pedestrians have the right of way at intersections and crossings	61.4	13.9	24.8	61.1	10.6	28.3

Table 6 (Cont.)
Survey Results: 1. Outdoor Spaces and Buildings: Ability Limitation

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% Agree	% N-sure	% Disagree	% Agree	% N-sure	% Disagree
B. Buildings <i>What is it like to go into buildings such as public offices and stores?</i>						
Entrance doors are easy to open by someone in a wheelchair	50.5	16.8	32.7	47.5	20.2	32.3
There are automatic doors with accessible buttons that are open long enough to allow people with wheelchairs	60.4	17.8	21.8	64.1	17.2	18.7
There are no or as few stairs as possible, inside and outside	60.4	24.8	14.9	59.1	22.2	18.7
The flooring is non-slip	44.6	28.7	26.7	43.9	25.8	30.3
Washrooms are located on the main floor	61.4	23.8	14.9	68.2	19.7	12.1
Washrooms are large enough for wheelchairs, walkers and strollers	57.4	22.8	19.8	65.7	22.2	12.1
Signs are easy to read outside and inside	67.3	16.8	15.8	71.7	11.1	17.2
There are sufficient seating for patrons to rest or to use services	48.51	18.8	32.7	53.5	16.2	30.3
Elevators and/or ramps are available	70.3	18.8	10.9	75.3	12.6	12.1
Stairs are safe and have railings	71.3	18.8	9.9	73.7	13.6	12.6
Services are grouped together, located in close proximity to where older people live, (grocery stores, churches)	47.5	17.8	34.7	49.9	10.6	39.9
Public and Rest Areas						
Are clean and pleasant	63.4	15.8	20.8	69.7	8.1	22.2
Are located in appropriate areas for use and are sufficient in number	48.5	25.7	25.7	59.6	12.6	27.8
Are well-maintained and safe to use	52.5	22.8	24.8	67.7	13.6	18.7
Safety						
Police patrols and community education to support safety	43.6	31.7	24.8	54.6	22.2	23.2
Neighbourhoods are well lit	55.5	19.8	24.8	71.7	9.1	19.2

5.2.2.2 Pavements (Sidewalks and Trails) (Cont.)

Ability differences. As shown in Table 6, the respondents that had limitations on their ability to perform daily activities gave responses similar to those given by the able on the maintenance and snow-clearance item. However, on the sidewalk surface and curb item, there were marked differences. Those with ability limitations gave this item a lower interest rating than did the able (20.8% vs. 8.1%). Nevertheless, a significantly lower percentage of the ability-limited respondents agreed with the statement than did the able (45.5% vs. 62.1%). The percentages disagreeing were similar.

Conclusion

The majority of respondents believed the sidewalks were well maintained; snow clearance and removal was prompt; and, the sidewalk surfaces and curbs were appropriate. Again, there were significant percentages of respondents indicating they disagreed with the statements. In general, sidewalks had a high degree of centrality of interest.

While there were no differences between the sexes in their responses, on the sidewalk-surface-and-curb item, a significantly lower percentage of the ability-limited agreed with the items. A minority of the ability-limited adjudged the sidewalks to be “continuous, wide, non-slip and have dropped curbs.”

5.2.2.3 Roads (and Pedestrian Crossings)

Total Sample

The following items pertained to the Roads (and Pedestrian Crossings) theme of the Age-friendly outdoor spaces and buildings dimension:

- Are well-maintained;
- Have good lighting;
- Have safe pedestrian crossings with non-slip markings, visual and audio cues and adequate crossing times; and,
- Pedestrians have the right of way at intersections and crossings.

As shown in Table 5, maintenance and lighting had a high centrality of interest, and pedestrian crosswalk signage and signals and pedestrian right of way had medium centrality. On all items the majority of respondents agreed with the statement: the percentages in agreement were maintenance 55.0 per cent; good lighting 76.5 per cent; pedestrian crossing signage and signals 56.3 per cent; and, pedestrian right of way 70.3 per cent. A substantial minority, over 25 per cent, of respondents disagreed with the maintenance, crosswalk signage and signals items, and pedestrian right of way items.

Differences – Sex and Limited Ability

Sex differences. While there was agreement between the sexes that the streets and crosswalks had good lighting, a significantly higher percentage of males were of the opinion the streets and crosswalks were well-maintained (Males 65.5 %; Females 51.6%). and the pedestrian crossings had non-slip markings, visual and audio cues and adequate crossing times (Males 52.4%; Females 35.8%). On the other hand, a significantly higher percentage of females believed pedestrians had the right of way at intersections and crossings (Females 63.7%; Males 54.8%).

Ability differences. Significantly fewer individuals with ability limitations agreed with the maintenance and lighting items: the percentages in agreement were 46.5 per cent of those with limited ability versus 60.1 per cent of those without limitations on the maintenance item; and, 65.4 per cent versus 82.3 per cent, respectively, on the lighting item. The differences in responses to the crossing signage and signals item and to the right of way item were not

considered significant. Unexpectedly, the centralities of the items were higher for the able than for those with limited abilities.

Conclusion

The majority of respondents were of the opinion that the streets and pedestrian crossings were well-maintained and had good lighting. A majority also believed the pedestrian crosswalks were safe with proper signage and signals, and pedestrians had the right of way at intersections and crossings. A substantial minority disagreed with the statements that the roads were well-maintained, crosswalks were safe, and pedestrians had the right of way. The maintenance and lighting issues had high centrality of interest while the pedestrian crossing safety and pedestrian right of way had moderate interest levels.

A significantly higher percentage of females than males disagreed with the statements that the streets and pedestrian crossings were well-maintained. Conversely, significantly more males agreed with the statements. Significantly more females agreed with the pedestrian right of way item. Also, there were differences in responses between the able and the limited ability respondents. Significantly fewer of the limited ability respondents felt the streets and pedestrian crossings were well-maintained and lit.

5.2.2.4 Safety

Total Sample

Only the following two items addressed the safety theme: Police patrols and community education to support safety; and Neighbourhoods are well lit. In both cases, the majority of respondents agreed with the statements – they believe we have had police patrols and community education to support safety; and the neighbourhoods were well lit. In both cases, the minorities disagreeing with the statements were not substantial. The respondents assigned the police item low centrality and the lighting moderate centrality of interest and concern.

Differences – Sex and Limited Ability

Sex differences. Although there were no significant differences between the males and females on the percentage agreeing with the statements, significantly fewer females disagreed with the police and community education item (Disagree: Female 20.5%; Males 31.0%). No difference in the centrality of interest and concern was evident.

Limited ability differences. Inspection of Table 6 would show that a significantly lower percentage of those with limited abilities agreed with the safety items. A minority of the limited-ability respondents agreed with the police and community education item. The percentages of respondents disagreeing with the items were similar in the two groups. Again the centrality index indicated the abilities limited respondents held these two concerns less central than did the able respondents.

Conclusion

The majority of respondents believed the City had police patrols and community education to support safety, and the neighbourhoods were well lit. The minority disagreeing with this was not substantial

There were no significant differences in the percentages of males and females agreeing with the statements. The only difference was the higher percentage of males disagreeing with the police and community education statement. Between the limited ability and able respondents, a significantly lower percentage of the limited ability respondents agreed with the safety items.

5.2.2.5 Services

Total Sample

The only item addressing the service theme stated “Services are grouped together, located in close proximity to where older people live, (Example: grocery stores, churches).” A minority of respondents agreed with the statement and a substantial minority disagreed. The item was of moderate interest and concern to the respondents.

Differences – Sex and Limited Ability

Sex differences. There were no significant differences between the percentages of males and females agreeing and disagreeing with the statement.

Limited ability differences. Again, there were no significant differences between the percentages of the able and limited ability respondents agreeing and disagreeing with the statement.

Conclusion

A minority of respondents agreed with the statement “Services are grouped together, located in close proximity to where older people live, (Example: grocery stores, churches). A significant minority disagreed with the statement. There were no significant differences in opinion between male and female respondents or between able and limited ability respondents.

5.2.2.5 Buildings

The presentation of responses to this theme has been divided into the sub-themes of access to entrances, entrances, interior, washrooms and rest areas, and parking.

i. Access to entrances

Total sample

The items associated with access to the entrances of buildings stated entrances “Are accessible and free from obstructions;” “Are well lit;” “Have wheelchair sloped entry ramps;” “Are non-slip with level wheelchair access;” and, “Doors are easy to open by someone using a walker or in

a wheelchair.” The vast majority of respondents agreed with the statements that entrances were accessible and well lit (87.8% and 88.1%, respectively). A smaller majority agreed that entrances had wheelchair sloped entry ramps but a significant minority disagreed. Minorities of respondents agreed the accesses were non-slip with level wheelchair access, and doors were easy to open by someone using a walker or in a wheelchair. A significant minorities of respondents disagreed on the ease of opening doors. The access and lighting items had high indices of centrality, and the wheelchair and walker items had only moderate indices.

Differences – Sex and Limited Ability

Sex differences. Inspection of Table 5 would show there were no significant differences between the sexes on the accessibility, lighting, entry ramp, and level access items. However, on the ease of opening the doors for somebody using a walker or in a wheelchair, a significantly lower percentage of females than males agreed with the statement (Agreed Male 64.3%; Females 51.2%).

Limited ability differences. Surprisingly, there were no significant differences between the able and ability limited on their agreement or disagreement with the statements on access to entrances.

Conclusion

There was agreement that the entrances to buildings were accessible and free from obstruction, and were well lit. There was agreement and substantial disagreement that the accesses to entrances have wheelchair sloped entry ramps. Only a minority were of the opinion the accesses were non-slip with level wheelchair access, and the doors were easy to open for someone using a walker or in a wheelchair. Substantial minorities disagreed with these statements.

The only significant differences in responses when the data was classified on the bases of the sex and the able and ability limited nature of the respondents was the significantly lower percentage of females agreeing that the doors were easy to open.

ii. Entrances

Total sample

The items pertaining to the entrances were “Entrance doors are easy to open by someone in a wheelchair,” and “There are automatic doors with accessible buttons that are open long enough to allow people with wheelchairs to enter.” While a majority of respondents agreed with the automatic doors item, only a minority agreed with the ease-of-door- opening item. In addition, a substantial minority disagreed with the statement that “Entrance doors are easy to open by someone in a wheelchair.” Both items were of moderate interest or concern.

Differences – Sex and Limited Ability

There were no significant sex or ability limitation differences in the responses to the entrance items.

Conclusion

The majority of respondents agreed that there were automatic doors with accessible buttons that were open long enough to allow people with wheelchairs to enter. Only a minority of respondents agreed that entrance doors were easy to open by someone in a wheelchair and a significant minority disagreed with the statement. No differences in responses to the items were shown when the items were classified on the bases of sex, and ability limitations of the respondents.

iii. Interior

Total sample and differences

This sub-theme consisted of an assessment of the interior features of stairs, ramps and elevators; flooring; and, signage. The items addressing stairs, ramps and elevators were the following;

- There are no or as few stairs as possible, inside and outside;
- Stairs are safe and have railings; and,
- Elevators and/or ramps are available.

The item addressing flooring stated “The flooring is non-slip.” Responses to the statement “Signs are easy to read outside and inside,” provided the assessments on signage.

a. Stairs, ramps, and elevators. The majority of respondents agreed with the statements that “there are no or as few stairs as possible, inside and outside,” and “stairs are safe and have railings” (59.7% and 73.2%, respectively). A small minority of respondents disagreed with the statements on stairs. Similar results were obtained on the ramps and elevators statement. Of the respondents, 73.8 per cent were in agreement and only 11.6 per cent were in disagreement. In short, there was agreement that the stairs, ramps, and elevators in buildings were safe and available.

Sex and ability limitation differences. When the responses were classified on the bases of the sex of the respondents and whether or not they had ability limitations, no significant differences were revealed. The assessments by males and females, and by the able and those with ability limitations, were not different.

b. Flooring. While a minority of respondents (44.0%) agreed the flooring in buildings was non-slip, a significant minority (29.5%) disagreed. However, with 26.5 per cent of the respondents being not-sure or not responding, it would appear flooring in buildings was not a central concern of the respondents.

Sex and ability limitation differences. No differences in responses were revealed.

c. Signage. The majority of respondents agreed the “signs are easy to read outside and inside.” Those disagreeing with the statement constituted a small minority of the respondents. It appears the signs were easy to read outside and inside the buildings.

Sex and ability limitation differences. Significantly more males than females agreed with the signage statement (Agree: Male 77.4%; Female 67.4%). The difference in percentage of able

and ability limited respondents was not significant (Agree; Able 71.7%; With Limitations 67.3%).

Conclusion

There was agreement that the stairs, ramps, and elevators in buildings were safe and available. While a minority of respondents agreed the flooring in building was non-slip, there was a significant minority that disagreed. A majority of the respondent agreed the signs were easy to read outside and inside. A higher percentage of males than females agreed with this statement.

iv. Washrooms and rest areas

Total sample

The public and rest area statements were “Washrooms are located on the main floor,” “Washrooms are large enough for wheelchairs, walkers and strollers,” and “There is sufficient seating for patrons to rest or to use services.” The majority of respondents agreed the washrooms were located on the main floor (66.2%), were large enough for wheelchairs, walkers and strollers (62.9%), and had sufficient seating for patrons to rest or to use services (51.6%). A significant minority (31.1%) disagreed with the sufficiency of seating statement. Thus, the majority of respondents agreed with the washroom and rest areas statements. Only on the sufficiency of seating areas was there substantial disagreement.

Differences – Sex and Limited Ability

Sex differences. There were no significant differences between the sexes in their assessments of the washrooms and rest areas in buildings.

Ability limitation differences. There were no significant differences between the able and the ability-limited individuals in their assessment of the washrooms and rest area in the buildings component.

Conclusion

The majority of the respondents agreed with the statements that the public washrooms and rest areas were located on the main floor, were large enough for wheelchairs, walkers and strollers, and, had sufficient seating for patrons to rest or to use services. Only the sufficiency of the seating for patrons to rest or to use services arose as an item of concern.

v. Parking

Total sample

The assessment of parking under this key dimension was from the perspective of being age-friendly for a passenger versus from the perspective of a driver. The statements addressed the following issues: (1) parking lots being safe for walking and ice free; (2) parking is well-maintained and located nearby for easy access; (3) drop-off and pick-up areas are available,

obstruction free, clearly marked, and conveniently located; and, (4) there are a sufficient number of handicap-accessible parking spots.

Majority of respondents agreed with the statements that parking areas were well-maintained and located nearby, and drop-off and pick-up areas were available and convenient. Only a small minority disagreed with these statements. However, only a minority agreed that the parking lots are safe to walk and ice free to prevent falls (43.1%), and handicap-accessible parking spots were in sufficient numbers (45.4%). Significant minorities disagreed with these statements (44.3% and 30.8%, respectively). It should be noted that more people disagreed than agreed with the statement that parking lots were safe to walk and ice free to prevent falls. Parking had only moderate centrality and handicapped parking appeared to be of specific concern to a segment of the population.

Differences – Sex and Limited Ability

Sex differences. There were marked sex differences in the assessment of parking. The majority of both sexes agreed with the statements that parking spots were well-maintained and nearby, and the drop-off and pick-up areas were available and convenient. However, the sexes responded differently on their assessments of parking lots being safety and ice-free, and of the sufficiency of number of handicap-accessible parking spots. While 57.1 per cent of the males agreed with the statement “Parking lots are safe to walk and ice free to prevent falls,” only 37.2 per cent of the females agree and 49.3 per cent disagreed. Thus, while the males were of the opinion the parking lots were safe and relatively ice free, the females held the lots were unsafe and not ice free. Similarly, while 63.1 per cent of the males believed there were a sufficient number of handicapped parking spots, only 39.1 per cent of the females agreed and 35.4 per cent disagreed. Thus, the women believed there was a deficiency in the number of handicapped parking spots.

Ability limitation differences. A review of the responses in Table 6 would show that only a minority of the ability-limited agreed the parking lots were safe and ice free (31.7%), and there were a sufficient number of handicapped parking stalls (29.7%). Conversely, 47.5 per cent and 42.6 per cent, respectively, disagreed with the statements. Majorities of the ability-limited agreed that the parking was well-maintained and close by, and the drop-off and pick-up areas were available and conveniently located. However, there were differences in assessments between the able and ability-limited individuals. Significantly more of the able individuals agreed with the parking lot safety, maintenance, and availability of handicapped parking stalls. Only on the assessment of the drop-off and pick-up areas was there agreement between the able and ability-limited individuals. Thus, the ability-limited individuals provided more negative assessments of parking lot safety and being ice free; parking lot maintenance and location, and sufficiency of the number of handicapped parking spots.

Conclusion

A majority of respondents agreed with the statements that parking was well-maintained and located nearby, and drop-off and pick-up areas were available and convenient. However, only minorities of respondents agreed that the parking lots were safe to walk and ice free to prevent falls, and handicap-accessible parking spots were in sufficient numbers. Significant minorities

disagreed with these statements. While the males were of the opinion the parking lots were safe and relatively ice free, the females held that the lots were unsafe and not ice free. Similarly, the males believed there were a sufficient number of handicapped parking spots, but only a minority of the females agreed and a very significant minority disagreed.

Of particular note were the differences in assessments between the able and ability-limited individuals. Most ability-limited respondents disagreed with the statements that the parking lots were safe to walk and ice free to prevent falls and there was a sufficient number of handicap-accessible parking spots. The differences between the groups clearly indicated there were marked differences in assessments of parking adequacy between the able and ability-limited individuals. The able individuals had far more positive assessments.

5.2.2.5 Public Toilets

Total sample

The public and rest area statements were “Are clean and pleasant;” “Are located in appropriate areas for use and are sufficient in number;” and, “Are well-maintained and safe to use.” The majority of respondents agreed with these statements - 67.9 per cent agreed washrooms and rest areas were clean and pleasant; 56.0 per cent agreed washrooms were located in appropriate places and sufficient numbers; and, 62.9 per cent agreed washrooms were well-maintained and safe. Only on the location and numbers statement was there a significant minority in disagreement. Thus, there appears to be agreement that there were a sufficient number of washrooms and rest areas, in appropriate locations and number, and clean and safe to use.

Differences – Sex and Limited Ability

Sex differences. There were no significant differences between the sexes in their assessments of the washrooms and rest areas in public places and buildings.

Ability limitation differences. Inspection of Table 6 would show that while there were no significant differences in the responses on the clean and pleasant statement, there were significant differences on the assessments of the location and number, and maintenance and safety of the washrooms and rest areas. Significantly fewer of those with ability limitations were in agreement with the statements. While 59.6 per cent of the able agreed these facilities were located in appropriate areas in sufficient numbers, only 48.5 per cent of the ability limited agreed, a differences of 11.1 per cent. The differences were even greater on the responses to the maintenance and safety item. While 67.7 per cent of the able adjudged the facilities to be well-maintained and safe, only 52.5 per cent of the ability limited agreed, a difference of 15.2 per cent.

Conclusion

The majority of the respondents agreed with the statements that the public washrooms and rest areas were clean and pleasant, located in appropriate areas for use and in sufficient numbers, and were well-maintained and safe. However, there were significant differences between the

responses of the able bodied and those with ability limitations. Significantly fewer of those with ability limitations adjudged the facilities to be appropriately located and in sufficient numbers, and were well-maintained and safe. Public washrooms and rest areas would appear to be an issue among the ability-limited respondents.

5.2.2.5 Quantitative Analysis - Summary and Conclusions

The following is a compilation of the results of the analysis of the quantitative data derived from the 302 participants' responses to the Age-friendly Saskatoon Survey:

Outdoor Seating

The majority of respondents agreed with the statement that Saskatoon has “useable and spaced benches that are well maintained and safe.” A substantial majority disagreed with this statement. The matter of outdoor seating had a moderate level of centrality of interest for older adults.

Pavements (Sidewalks and Trails)

The majority of respondents believed the sidewalks were well maintained; snow clearance and removal was prompt; and, the sidewalk surfaces and curbs were appropriate. Again, there were significant percentages of respondents indicating they disagreed with the statements. In general, sidewalks had a high degree of centrality of interest.

While there were no differences between the sexes in their responses, on the sidewalk-surface-and-curb item, a significantly lower percentage of the ability-limited agreed with the items. A minority of the ability-limited adjudged the sidewalks to be “continuous, wide, non-slip and have dropped curbs.”

Roads (and Pedestrian Crossings)

The majority of respondents were of the opinion that the streets and pedestrian crossings were well-maintained, and had good lighting. A majority also believed the pedestrian crosswalks were safe with proper signage and signals, and pedestrians had the right of way at intersections and crossings. A substantial minority disagreed with the statements that the roads were well-maintained, crosswalks were safe, and pedestrians had the right of way. The maintenance and lighting issues had high centrality of interest while the pedestrian crossing safety and pedestrian right of way had moderate interest levels.

A significantly higher percentage of females than males disagreed with the statements that the streets and pedestrian crossings were well-maintained. Conversely, significantly more males agreed with the statements. Significantly more females agreed with the pedestrian right of way item. Also, there were differences in responses between the able and the limited-ability respondents. Significantly fewer of the limited-ability respondents felt the streets and pedestrian crossings were well-maintained and lit.

Safety

The majority of respondents believed the City had police patrols and community education to support safety, and the neighbourhoods were well lit. The minorities disagreeing with these items were not substantial.

There were no significant differences in the percentages of males and females agreeing with the statements. The only difference was the higher percentage of males disagreeing with the police and community education statement. Between the limited-ability and able respondents, a significantly lower percentage of the limited-ability respondents agreed with the safety items.

Services

A minority of respondents agreed with the statement “Services are grouped together, located in close proximity to where older people live, (Example: grocery stores, churches). A significant minority disagreed with the statement. There were no significant differences in opinion between male and female respondents, and able and limited-ability respondents.

Buildings

The presentation of responses to this theme has been divided into the sub-themes of access to entrances, entrances, interior, washrooms and rest areas, and parking.

i. Access to entrances

There was agreement that the entrances to buildings were accessible and free from obstruction and were well lit. There was agreement and substantial disagreement that the accesses to entrances have wheelchair sloped entry ramps. Only a minority were of the opinion the accesses were non-slip with level wheelchair access, and the doors were easy to open for someone using a walker or in a wheelchair. Substantial minorities disagreed with these statements.

The only significant difference in responses, when the data were classified on the bases of the sex and the able and ability limited nature of the respondents, was the lower percentage of females agreeing that the doors were easy to open.

ii. Entrances

The majority of respondents agreed that there are automatic doors with accessible buttons that were open long enough to allow people with wheelchairs to enter. Only a minority of respondents agreed that entrance doors were easy to open by someone in a wheelchair - a significant minority disagreed with the statement. No differences in responses to the items were revealed when the items were classified on the bases of sex, and ability limitations of the respondents.

iii. Interior

There was agreement that the stairs, ramps, and elevators in buildings were safe and available. While a minority of respondents agreed the flooring in building was non-slip, there was a significant minority that disagreed. A majority of the respondent agreed the signs were easy to read outside and inside. A higher percentage of males than females agreed with this statement.

iv. Washrooms and rest areas

The majority of the respondents agreed with the statements that the public washrooms and rest areas were located on the main floor, were large enough for wheelchairs, walkers and strollers, and, had sufficient seating for patrons to rest or to use services. Only the sufficiency of the seating for patrons to rest or to use services arose as an item of concern.

v. Parking

A majority of respondents agreed with the statements that parking was well-maintained and located nearby, and drop-off and pick-up areas were available and convenient. However, only minorities of respondents agreed that the parking lots were safe to walk and ice free to prevent falls, and handicap-accessible parking spots were in sufficient numbers. Significant minorities disagreed with these statements. While the males were of the opinion the parking lots were safe and relatively ice free, the females held the lots were unsafe and not ice free. Similarly, the males believed there were a sufficient number of handicapped parking spots, but only a minority of the females agreed and a very significant minority disagreed.

Of particular note were the differences in assessments between the able and ability-limited individuals. Most ability-limited respondents disagreed with the statements that the parking lots were safe to walk and ice free to prevent falls and there was a sufficient number of handicap-accessible parking spots. The differences between the groups clearly indicated there were marked differences in assessments of parking adequacy between the able and ability-limited individuals. The able individuals had far more positive assessments.

Public Toilets

The majority of the respondents agreed with the statements that the public washrooms and rest areas were clean and pleasant, located in appropriate areas for use and in sufficient numbers, and were well-maintained and safe. However, there were significant differences between the responses of the able bodied and those with ability limitations. Significantly fewer of those with ability limitations adjudged the facilities to be appropriately located, in sufficient numbers, and well-maintained and safe. Public washrooms and rest areas would appear to be an issue among the ability-limited respondents.

5.2.3 SUMMARY OF RESULTS: OUTDOOR SPACES AND BUILDINGS

General Observations: Is Saskatoon an Age-Friendly City?

In response to the general unstructured question, “Is Saskatoon an Age-Friendly City?” the focus-group participants provided the following comments and assessments:

General comments. As to whether or not individuals adjudged Saskatoon to be age-friendly on the Outdoor Spaces and Building dimension was dependent on a number of factors:

- The season of the year: winter (-) versus spring, summer, fall (+);
- The neighbourhood and facility in which they lived; and,
- Their wealth, health, and need for functional accommodations: healthy and wealthy (+) versus low-income, ill and needing appropriate accommodations (-)

Positive comments. Among the positive comments identifying characteristics supporting the proposition that Saskatoon was an age-friendly city were the following:

- The natural features of the riverbank, parks and walkways make Saskatoon a very beautiful city, provide for good walking in seasons other than winter.

- The parks and riverbank cultivate community events and festivals.
- Saskatoon is a friendly and accessible city. Seniors treated wonderfully. Downtown doing well – ramps, beeps on lights, and wheelchair accessible. Underground parking for winter.

Negative comments. Among the negative comments identifying characteristics supporting the proposition Saskatoon was not an age-friendly city were the following:

- The lack of a grocery stores in some neighbourhoods;
- Streets are unfriendly – crosswalks not cleared and lights too short.
- Weather related problems for seniors – snow clearing, garbage pickup, icy pathways and streets, mobility, parking, etc.;
- Parking problems particularly downtown, at hospitals and at doctors’ offices; and,
- Crime and safety are issues. Some neighbourhoods are avoided, and seniors are afraid to go out at night.

Environment

Saskatoon was seen as a clean city with few air problems. The opinion was expressed that as the City grows in population and complexity, there will be an increase in the problems of littering and air pollution.

However, under an expanded definition that included weather and climate, the “Environment” became a defining factor determining the assessments of Saskatoon as an age-friendly community. The five months of “summer” with the beautiful weather and long days make Saskatoon an age-friendly community in many ways. The parks, pathways, sidewalks, crosswalks, parking spots and lots, and buildings are all relatively accessible and the seniors can be socially and civically engaged. The day-lit evenings allow for attendance at indoor and outdoor events. On the other hand, the five-months of “winter” with its cold, snow and ice, and dark evenings, significantly reduced accessibility, mobility and opportunities for social and civic engagement. Thus, the question, “Is Saskatoon an age-friendly community?” yielded a bifurcated answer “YES in the summer;” and “NO in the winter.”

Suggestion. There was a general acknowledgement that snow and ice, and their accompanying problems, were natural features of our context and not totally solvable. In recognition of this reality, several groups proposed a three-prong approach to the parks and the snow/ice problems: (1) enhanced snow/ice clearance and removal efforts; (2) alternative winter facilities that provide for similar opportunities for engagement as available in parks and trails in the summer; and (3) promotion of winter events and activities in the parks that match the public engagement achieved through festivals, concerts, and community events in the summer

Green Spaces, Pathways and Trails

Saskatoon was seen as a beautiful city with many outdoor opportunities. It has lovely parks that are well used. Since these parks were seen to increase satisfaction with living in adjacent areas, the need for the establishment of more small “pocket parks” and for the maintenance of green spaces were identified. There was a general feeling that parks, paths and trails were accessible and readily available.” As places to walk and to commune with nature, special note was made of the riverbank with its Meewasin Trail, Riverlanding-Farmers Market, parks and bridge crossings,

and of the interconnected neighbourhood parks and joint school-park grounds. In addition, the advantages of parks as places for festivals, theatre, concerts, and community organized activities were noted. It was generally held that the parks and trails were well maintained, and there was frequent praise of the horticultural aspects of the parks

Several issues associated with accessibility and availability were identified. **First**, the observation was made that there was differential access to parks and trails among the neighbourhoods of Saskatoon. **Second**, infrequent and poor pedestrian crossings to the parks and trails were seen as limiting access for seniors to these parks and trails. **Third**, although there have been improvements, the number of benches in parks and on trails need to be increased in order for seniors to have appropriate rest and observation stations. The safety effectiveness of public restrooms in parks and on the trails was debated in several groups. **Fourth**, as noted below, there were some safety and seasonal issues that limited the utilization of parks and trails by seniors. In addition, while the parks, trails and paths were considered well-maintained in the summer, it was universally recognized that, in the winter, snow clearance on the paths, trails and bridges was a major problem

Although some participants saw the parks and trails as safe places, others expressed concerns about youth and crime that resulted in their decision to not use the parks, particularly in the evenings or at night. In order for seniors to feel safer in the parks during evening hours, the following needs were identified: (1) good lighting in the parks, on the trails, at the entrance crosswalks, and on adjacent streets; (2) the need for good visibility (observability); and, (3) the need for more people and public utilization. Calls for more police presence and intergenerational activities were made. Other safety issues arose from the joint use of the trails by cyclists and pedestrians.

Suggestions *The following suggestions for improvement of the parks and pathways were proffered:*

1. **Winter/Summer Maintenance.** In recognition of this reality, several groups postulated a three-prong approach to the parks and the snow/ice problems: (1) enhanced snow/ice clearance and removal efforts; (2) alternative winter facilities that provide for similar opportunities for engagement proffered by parks and trails in the summer; and (3) promotion of winter events and activities in the parks that match the public engagement achieved through festivals, concerts, and community events in the summer. Under enhanced clearance, the issue of clearance in the suburban parks and around schools and malls were identified, the call was made for better snow removal from paths and sidewalks, and the urgent need identified to remove ice from inclines on sidewalks and bridges (fall prevention). Under alternate facilities, there was a call for more public and private indoor walking facilities, benches in public and private spaces, and accessible theatres and public halls. Under enhanced winter activities, note was made of the current public skating rink and the ski trails, plus the opportunity for winter sports and entertainment events.
2. **Specific suggestions.** The following suggestions on parks, paths and trails were offered by the participants;
 - Developers should be required to designate and develop park and trail space within their development areas;
 - More parks and trails should be created in areas more distant from the river;

- In the development of parks, advantage should be taken of existing ecosystems to enhance living environments rather than the removal of these ecosystems to create artificial environments;
- Benches and shaded areas such as gazebos should be provided in parks and on the paths and trails;
- Priority should be given to developing indoor places where people can walk safely in the winter - such places should be affordable and accessible;
- Path and trail snow/ice clearance should continue to be improved;
- More events and activities should be held in the parks during the wintertime;
- More intergenerational events and activities should be held;
- Lighting in parks and on trails should be improved;
- A review of the accessibility of parks, paths and trails for seniors and the handicapped should be undertaken;
- Police presence in parks and on trails should be increased – bicycle patrols have significantly increased the seniors’ feeling of safety on trails and in parks;
- Need separate lanes on trails or “divided walkways” for pedestrians and cyclists in parks and on trails; need better signage on biking policies; and, need policy to walk bikes on bridge walkways; and,
- Create and organize groups of seniors to provide volunteer services for park, path and trail maintenance and support services.

Outdoor seating

The majority of survey respondents agreed with the statement that Saskatoon has “useable and spaced benches that are well maintained and safe.” A substantial majority disagreed with this statement. The matter of outdoor seating had a moderate level of centrality of interest for older adults.

In the focus groups, few comments were made on the availability of sitting and rest areas associated with the sidewalk system in Saskatoon. It was noted that there were sitting areas in some neighbourhoods, such as Broadway, downtown, and City Park, but lacking in others. In addition, the view was proffered that the City Planning does not promote sitting areas such as public squares. The availability of sitting areas in public and private places (parks and buildings) was appreciated. However, the great walking distances between parking spots and destination points was identified as locations where seniors and the disabled need places to sit: this was a particularly acute problem downtown and at the hospitals. In the discussions of sidewalks, no mention was made of public restrooms.

Pavements (Sidewalks)

The majority of survey respondents believed the sidewalks were well maintained; snow clearance and removal was prompt; and, the sidewalk surfaces and curbs were appropriate. Again, there were significant percentages of respondents indicating they disagreed with the statements. In general, sidewalks had a high degree of centrality of interest. A significantly lower percentage of the limited-ability individuals agreed with the items. A minority of the

limited-ability respondents adjudged the sidewalks to be “continuous, wide, non-slip and have dropped curbs.”

The general opinion among the focus-group participants was “Sidewalks and streets need work,” and “Saskatoon was designed for drivers and not pedestrians.” While the newer areas of the City were adjudged to have good sidewalks with ramps and cuts to accommodate individuals with mobility problems, older areas of the City were considered to have sidewalks in ill-repair and without even elementary features to accommodate individuals with compromised mobility. This opinion was held for both public and private sidewalks. Frequently, it was noted that most seniors live in the mature neighbourhoods of Saskatoon where the sidewalks are in the most need of repair and updating. Concerns about crosswalks, driveways, alleys, lights at controlled intersections, and lack of accommodation for the handicapped were offered as evidence of low priority assigned to pedestrian traffic.

Again, many weather related problems were identified and the judgement “. . . in winter, Saskatoon not friendly at all,” was reached. A combination of sidewalk ill-repair, lack of accommodation, and winter snow/ice was given as the reasons for participants to conclude, “Some seniors become house-bound,” and “Even for those with money, seniors disappear in the winter.”

It should be noted that while the participants acknowledged the City of Saskatoon’s increasing efforts over the past 30 years to address the repair and accessibility problems, it was believed it had a long way to go before the sidewalks would be safe and accommodating.

Suggestions. The following suggestions on sidewalks were put forward by the participants:

General

- Design communities so you can walk where you want to go – integrate residences and location of organizations and services; and promote more multi-use facilities;
- Walkthroughs and paths should be retained so pedestrians can readily transit the neighbourhood and reach the local services and facilities;
- The City should continue to build ramps and repair/replace older sidewalks;
- There should be a review of the accessibility of sidewalks and of their suitability for wheelchair use;
- The City should put benches in areas of the city without them and create public squares with sitting as a major purpose;
- Priority should be given to developing indoor places, that are affordable and accessible, where people can walk safely in the winter (similar to Field House but more affordable);
- Ensure cutaways on sidewalks are built flush with the street for safety of people in wheelchairs; and,
- Expand services provided by Services for Seniors to include affordable cleaning of sidewalks and the house, gardening, placement of garbage dumpster, etc.

Maintenance and Snow Clearance

- City should review its snow clearing practices; examine its policies regarding sidewalks bordering public and private property; ask the questions “Are regulations sufficient?” “Enforced?” “Is a public education campaign required?”

- All public facilities, including Credit Union Centre, should be required to ensure snow removal on steps, ramps and parking lots; adequate and close handicapped parking; and, designated parking for frail elderly and other persons with compromised mobility;
- Need improved communications so City and other property owners are made aware of the issues and problems associated with sidewalks and ramps; (Seniors need to be proactive in seeking solutions to problems encountered);
 - Establish a City hot line be established that citizens could call with complains and for information on City services (Example: New York City 365 day x 24 hour hot line);
- Need better sidewalk maintenance, snow/ice clearance and snow bank removal, and bus stop and crosswalk clearance; (by City, businesses, and schools)
- Winnipeg snow removal model should be copied: snow removal is crucial for people in wheelchairs and for those with compromised mobility; snow removal must be prioritized if Saskatoon wants to be age friendly; and,
- City employees who are helpful to seniors are to be commended – a way must be found to do this

Safety, Enforcement and Compliance

- As per above, improving the design, maintenance and snow/ice clearance of sidewalks and crosswalks would enhance the safety of sidewalks for seniors and those with mobility problems;
- City study the feasibility of measures to ensure pedestrian safety on sidewalks jointly used by pedestrians, cyclists, skateboarders, and roller-bladers: such a study would such matters as separate lanes for cyclists and pedestrians, and appropriate and adequate alerting devices;
- Need research on salt use on sidewalks and roads; such a study would address questions of effectiveness including icing and pedestrian safety;
- Seniors should use crampons, spikes, or walking poles when walking in the wintertime; (Yukon gave spikes to seniors free of charge on presentation of their health card – our Province and City should follow Yukon’s example)
- Need better street lighting on sidewalks and at crosswalks;
- Increase the time allowed for pedestrian crossing at controlled intersections;
- Improve the signage alerting drivers of pedestrian crosswalks;
- Review the appropriateness for individuals using wheelchairs of the inclination of sidewalk ramps and cutaways for driveways on sidewalks;
- In order to improve compliance with rules and regulations, we need better signage and enforcement of the biking laws on City streets, sidewalks; paths and trails; and,
- Need more educational activities informing seniors and others of safety issues and good practices in using and maintaining the sidewalks of Saskatoon.

Roads

The majority of survey respondents were of the opinion that the streets and pedestrian crossings were well-maintained and had good lighting. A majority also believed the pedestrian crosswalks were safe with proper signage and signals, and pedestrians had the right of way at intersections and crossings. A substantial minority disagreed with the statements that the roads were well-

maintained, crosswalks were safe, and pedestrians had the right of way. The maintenance and lighting issues had high centrality of interest while the pedestrian crossing safety and pedestrian right of way had moderate interest levels.

A significantly higher percentage of females than males disagreed with the statements that the streets and pedestrian crossings were well-maintained. Conversely, significantly more males agreed with the statements. Significantly more females agreed with the pedestrian right of way item. Also, there were differences in responses between the able and the limited ability respondents. Significantly fewer of the limited ability respondents felt the streets and pedestrian crossings were well-maintained and lit.

The comments of the focus-group participants included more specific observations.

Streets While many observations were made about crosswalks, few were made about the streets from a pedestrian's perspective. Those that were made centred on the state of roads at crosswalks, and the use of roads by the seniors and the mobility challenged on scooters or wheelchairs when the sidewalk was not accessible due to lack of ramps or as a result of poor snow clearance. The issues of high traffic volume, and driver courtesy were noted. Accessibility, the state of repair, the adequacy of sidewalk and bank snow clearance and safety were issues.

Pedestrian Crossings. Few items received as many highly emotive assessments by participants as did the issue of pedestrian crosswalks. As stated by one participant, "The crosswalks are the single most age-unfriendly feature of Saskatoon." The issues associated with pedestrian crossings included availability, accessibility, adequacy, maintenance and snow clearance, walk-light period, and safety of the crosswalks.

Suggestions. Among the focus-group participants, there was rather extensive discussion of solutions to the problems associated with crosswalks and seniors use of crosswalks. While the majority of the suggestions were for actions to be undertaken by others, some suggestions identified seniors as the primary agent.

- On major streets, more crosswalks with amber flashing lights and signs to alert drivers are needed; (the City's light-installation response to accident data was recognized)
- Activated walk lights must be made more visible;
- More mid-block crossings may be required on some streets where the long-side of the blocks parallels the road;
- Better repair of sidewalks and increased installation of ramps at corners in mature areas; aim should be ramps at all four corners of intersection;
- Better snow clearance with a particular emphasis on snow removal at crosswalks;
- Better street lighting at crosswalks;
- More good clear pedestrian crosswalk signage on major streets and in residential areas; such signage may include identifying special features of pedestrians – children crossing, elder crossing, hard of hearing crossing, blind, etc.
- Need three types of markers and lights for drivers and pedestrians; walk/don't walk, yield right of way (at intersections with left and right turn controlled lights), and pedestrian corridor (at activated walk lights and school crossings);

- Recognize diversity of pedestrians – seniors, mobility challenged, hard of hearing, blind, etc. – by increasing walk time and having voice-instruction lights and countdown features,
- Some crosswalks need concrete pillars to stop cars from driving on sidewalks, such pillars should be placed so area is wheelchair accessible and capable of being cleared of snow and ice;
- Cyclist-pedestrian protocol on use of pedestrian crossings needed;
- On multi-lane streets, stagger the stop line with medial or left-hand lane most distant from intersection and the right hand lane more adjacent to intersection but further back than currently marked; (the aim is to increase the visibility of pedestrians on multi-lane streets and to signal to drivers that cars are yielding to pedestrians)
- Seniors can improve the adequacy of pedestrian crosswalks by expeditiously crossing the street, not attempting to “shoot” the pedestrian light; not jaywalking, and, above all compensating for limitations by exercising due care and attention;
- Have one-day blitzes on driver and pedestrian violators of crosswalk and pedestrian bylaws; and,
- More enforcement by police patrols of crosswalk and pedestrian bylaws.

Traffic

Issues of high traffic volume and lack of driver courtesy were noted. Although most comments were related to regular pedestrian-driver interaction, several were included by the mobility challenged and their need to “compete” with drivers on the joint use of the roads. The interactions extended from pedestrian crossings to driveway and alley

Suggestions. While many complaints were made about the traffic, only two suggestions were made:

- Have one-day blitzes on driver and pedestrian violators of crosswalk and pedestrian bylaws; and,
- More enforcement by police patrols of crosswalk and pedestrian bylaws.

Cycle Paths

While there was a common recognition that we need to promote alternate means of transportation, the participants had few good words to say about cyclists and the joint use of pathways by pedestrians and the cyclists. It was seen as a safety issue. As cited in one group, “Cyclists are an issue. I was met by a guy on the Broadway Bridge coming quickly on his bike and accompanied by two dogs. I had to get out of his way. It is a real issue for those with mobility problems. Also, they ring their bell and the deaf cannot hear. Somebody was killed on Meewasin Trail by a cyclist and others have been injured.”

Suggestions Among the suggestions were the following:

- Need separate lanes on trails or “divided walkways” for pedestrians and cyclists in parks and on trails; need better signage on biking policies; and need policy to walk bikes on bridge walkways;
- City study the feasibility of measures to ensure pedestrian safety on sidewalks jointly used by pedestrians, cyclists, skateboarders, and roller-bladers: such a study would such

matters as separate lanes for cyclists and pedestrians, and appropriate and adequate alerting devices; and,

- Develop and publicize a cyclist-pedestrian protocol on use of pedestrian crossings.

Safety (and Security)

The majority of survey respondents believed the City had police patrols and community education to support safety, and the neighbourhoods were well lit. The minority disagreeing with this was not substantial

There were no significant differences in the percentages of males and females agreeing with the statements. The only difference was the higher percentage of males disagreeing with the police and community education statement. Between the limited ability and able respondents, a significantly lower percentage of the limited ability respondents agreed with the safety items.

In general, the focus-group participants felt Saskatoon was a safe city. It offered “lots of opportunities to be out and about in a safe environment.” However, there was a growing sense of vulnerability in some neighbourhoods and extending into the downtown. “People used to say we never lock our doors,” however, “We do now!” The reflective question was posed, “Is it a perception issue?” There was a general sense of confidence in the police, and an appreciation that “Chief Weighill understands community policing.”

Suggestions. The suggestions made on addressing safety and security issues ranged from preventive actions to increased enforcement. Among the suggestions were the following:

- We need to promote the development of caring communities to make neighbourhoods safer;
- We need to promote programs such as Neighbourhood Watch;
- (In order to address seniors negative perceptions of youth) we need intergenerational activities and to promote the civic and social engagement of seniors;
- In the design of outdoor spaces and buildings more consideration must be given to safety and security considerations – issues of visibility, traffic patterns, and ease of supervision must be addressed; Design is important and perhaps the police should be involved in a review of the plans;
- More safe walk services for escorting seniors in the evenings and at nights are needed – service should be promoted among businesses, theatres, and event organizers;
- Need to increase police opportunities to talk with older adults about what would be useful for older adults and to establish two-way community-based interactions;
- Need to increase the number of higher visibility police patrols downtown, in parks, and other public spaces; and,
- Better enforcement or, in the case of cyclists, enforcement of regulations pertaining to the use of parks, sidewalks, crosswalks and streets.

Services

A minority of survey respondents agreed with the statement “Services are grouped together, located in close proximity to where older people live, (Example: grocery stores, churches). A

significant minority disagreed with the statement. There were no significant differences in opinion between male and female respondent or between able and limited ability respondents.

During the focus group discussions on Outdoor Spaces and Buildings, discussion on access to and the availability of services frequently arose. These discussions were frequently directed toward the normative statements of what should be rather than toward summative statements of assessment. As shown by the following, the discussions extended from macro to micro considerations:

Macro/Meso Considerations

- Downtown and some mature neighbourhoods have no grocery stores and few neighbourhood services; services are moving away from the mature neighbourhoods; (The convenience and extent of new electronic services were recognized)
- The community should be one where you can walk where you want to go, thus, there needs to be “local communities.” (clusters with proximity of services) – need an integration of location and services, local multi-use facilities, and seniors centre(s); [The Independent Living and Local Community Agenda]
- Seniors should give up cars, become more eco-friendly, and support public transit; [The Green Agenda]
- Availability of neighbourhood services can be an important factor affecting seniors movement in accommodations from house to condo and to assisted living; this movement can lead to the development of senior ghettos;
- There are significant variations in the needs and characteristics of the neighbourhoods and this heterogeneity of circumstances must be recognized (Example, Pleasant Hill and Station 20);
- Seniors should be integrated into the community and not ghettoized into selected locations around malls and centralized medical services; [The Integrated Community Agenda]
- Experts “from away” do not understand Saskatoon’s winter conditions and should not be called on to give expert advice on winter-related topics (Example, Big-Box shopping centres); and,
- There is a need for awareness and engagement among seniors, service providers, businesses and the general citizenry in order to achieve the necessary considerations and involvement in decision making.

Micro Considerations

- Many seniors lack personal transportation to get groceries so must walk or rely on public transit that limits the groceries to a portable load, or engage a taxi and spend over \$20 of food money; and,
- Winter presents mobility problems that limit the mobility of seniors and tends to confine them to their residences, thus, there is a need for indoor recreational spaces for winter use, and for home delivery services.

Services availability. There were other observations that specifically addressed the ‘services available’ component of the answer to the question, “What is it like to go into buildings such as public offices and stores?” Among the observations were the following:

- University of Saskatchewan has a phone line for university disability services and they are responsive to complaints about inaccessible classrooms and make arrangements for classes to be moved to accessible rooms;

- The University and some other organizations will provide escort services for individuals going to the parking lot at night;
- Most grocery stores will assist individuals to take groceries to their cars;
- Co-op has a “Seniors Day” when seniors are bused from their condos and assisted living facilities to the stores for grocery shopping, and many low volume items are placed on the shelves; (some individuals living independently, by congregating at these facilities, use these buses)
- Downtown and some mature neighbourhoods have no grocery stores and few neighbourhood services;
- Market Mall makes wheelchairs available to those who need them and is the destination mall for seniors even from the other end of the City; the new Wal-Mart on the west side has scooters available;
- Midtown Plaza does not make wheelchairs available and getting around is very difficult for people with mobility or pain problems; and,
- There is a need for volunteers to escort the hard of hearing at museums and other public display areas where there are oral presentations. (The increased ability of the hard of hearing to communicate through the use of electronic texting was identified.)

Suggestions The suggestions on the ‘service available’ component of ‘Buildings’ ranged from the macro/micro matters to specific services at one facility.;

- New neighbourhoods need to be designed to promote independent living of seniors in integrated local communities;
- Seniors need to be more proactive and let people know of the deficiencies: Seniors need to meet with business owners and increase their awareness of the needs and desires for special services;
- In some areas of the City, shuttle buses need to be organized to transport seniors and others to grocery stores from designated spots at designated times;
- Affordable local on-line shopping and delivery mechanisms need to be developed and implemented;
- Malls, most stand-alone stores, and medical services facilities should make wheelchairs available to their clients/customers;
- Where the facilities provide services at night, escort services should be available to women, the handicapped, and seniors for assistance in getting to their cars in the parking lot – a safe walk service; and,
- More accommodations for the blind and hard of hearing are required.

Buildings

The general focus group question on buildings posed to the focus group was “What is it like to go into buildings such as public offices and stores?” In general, most buildings, including malls, in Saskatoon were considered age-friendly. It was noted that most public buildings had good access, automatic doors that were easily activated, good ramps, good internal accessibility, and accessible public restrooms. Most public and private buildings had achieved “access accommodation.” In summation, members of a mobility challenged group noted “Ninety five per cent of the buildings are good but still some places without proper access for handicapped with scooters, wheelchairs, and walkers.” On the other hand, exceptions do exist: As noted by one businessperson, “Seniors don’t come to our office, we go to them. Wheelchair accessibility

is a problem.” The respondents identified and addressed several external issues associated with entrances and parking; internal issues associated with accessibility, accommodation, seating and rest areas; and, infrastructure issues of availability and proximity of services. There was a great deal of commonality among the responses of the focus groups.

Entrances There was agreement among the survey respondents that the entrances to buildings were accessible and free from obstruction, and were well lit. There was agreement and substantial disagreement that the accesses to entrances have wheelchair sloped entry ramps. Only a minority were of the opinion the accesses were non-slip with level wheelchair access, and the doors were easy to open for someone using a walker or in a wheelchair. Substantial minorities disagreed with these statements. The majority of respondents agreed that there were automatic doors with accessible buttons that were open long enough to allow people with wheelchairs to enter. Only a minority of respondents agreed that entrance doors were easy to open by someone in a wheelchair and a significant minority disagreed with the statement. No differences in responses to the items were shown when the items were classified on the bases of sex, and ability limitations of the respondents.

Among the focus-group participants, the observations about the entrances to buildings could be classified into two components: (1) access to the entrance doors; and (2) entering and exiting those doors. Most of the entrance issues identified in the observations were associated with lack of strength and mobility problems of the seniors – as stated by one participant, “Access is not a problem for physically able seniors.” The comments on the approaches to the entrances primarily related to the distance between the entrances and parking lots, bus stops and drop-off points, and to stairs and inadequate ramps before the entrances. In many groups, the observation was made that individuals don’t notice the issues until they have a mobility problem or must care for somebody with a problem. There were only a few comments on access and entry maintenance, and on safety problems associated with snow/ice clearance.

Suggestions. In addition to the frequent snow/ice clearing suggestion, the following suggestions were made for entrances to buildings:

- Need more wheelchair accessible automatic doors and openers;
- Door-opening buttons need to work;
- When remodeling, doors on buildings and washrooms should be changed; to accommodate wheelchairs and scooters;
- Revolving doors should be slowed down to accommodate walkers and those with mobility issues; and,
- Drop-off parking at hospitals should have adjacent parking spot so one person can drive the senior and assist them from the car into the hospital or doctor’s office [Now, in many cases, two assistants are required: (1) one to assist senior into the building and office; and, (2) one to park car and return to building].

Interiors. There was agreement among the survey respondents that the stairs, ramps, and elevators in buildings were safe and available. While a minority of respondents agreed the flooring in buildings were non-slip, there was a significant minority that disagreed. A majority of the respondent agreed the signs were easy to read outside and inside. A higher percentage of males than females agreed with this statement.

As noted by one focus-group participant, “Once you get inside the buildings, there are other issues.” These issues ranged from access and safety problems associated with stairs, ramps, elevators, floors and washrooms to the age-friendliness of theatres and hotels.

Suggestions. The following suggestions to address the internal accessibility and safety issues were proffered by the participants;

- Need to increase individual and group awareness and engagement of businesses – grassroots’ stories shared by individuals and businesses could lead to awareness and solutions;
- Need a “seniors’ audit” of businesses; seniors conduct the audit and zero in on the issues with the business or proprietor;
- Seniors need to be more proactive and inform businesses and proprietors of the problems and issues;
- There should be grants for the construction of appropriate accommodations for seniors with mobility problems;
- Planning committees for public buildings, including hospitals, should include persons with disabilities and mobility issues;
- Should have disabled test run buildings and outdoor spaces for actual accessibility and usability;
- Architects should have training on needs of people who use mobility aids;
- Require removal of steps before elevators (not wheelchair accessible);
- Need better signage directing people to elevators;
- Need elevator redundancy in high-rise apartments and condos; and,
- Malls need more visible security particularly at night and in parking lots.

Parking. Majority of survey respondents agreed with the statements that parking was well-maintained and located nearby, and drop-off and pick-up areas were available and convenient. However, only minorities of respondents agreed that the parking lots were safe to walk and ice free to prevent falls, and handicap-accessible parking spots were in sufficient numbers. Significant minorities disagreed with these statements. While the males were of the opinion the parking lots were safe and relatively ice free, the females held the lots were unsafe and not ice free. Similarly, the males believed there were a sufficient number of handicapped parking spots, but only a minority of the females agreed and a very significant minority disagreed.

Of particular note were the differences in assessments between the able and ability-limited survey respondents. Most ability-limited respondents disagreed with the statements that the parking lots were safe to walk and ice free to prevent falls and there was a sufficient number of handicap-accessible parking spots. The differences between the groups clearly indicated there were marked differences in assessments of parking adequacy between the able and ability-limited individuals. The able individuals had far more positive assessments.

Among the comments of the focus-group participants, there was an interaction effect between the destination point and the quality and availability of parking. Where there was discretion, seniors went to locations where there were good parking arrangements. However, there were some fixed destinations, such as hospitals, where parking was a problem that had to be addressed. The lack of affordable and appropriate parking downtown and at hospitals was seen as a major barrier to

the age-friendliness of Saskatoon for seniors. No safety or maintenance issues were identified for parking.

Suggestions. Among the suggestions made by the participants to address the parking issues were the following:

- Businesses could have parking spaces marked “reserved for seniors” next to handicapped spaces. These would be courtesy spots – not policed or subject to fines – and would be a good way for businesses to show they are age friendly.
- Need to rethink parking lots – underground parking; zoned parking lots rather than one large lot; building placement (centre vs. perimeter vs. box stores);
- City needs to give higher priority to downtown parking and to affordable parking downtown and on major streets;
- Health Region needs to give higher priority to parking, handicapped access, benches, restrooms, etc.;
- All public facilities, including Sask. Place (Credit Union Centre), should be required to ensure snow removal on steps, ramps and parking lots, adequate and close handicapped parking, and designated parking for frail elderly and other persons with compromised mobility;
- Need ‘park-and-go’ shuttle services from designated malls to designated hospitals; and,
- Efforts should be made to ensure information on handicapped parking is available in many locations including City Hall, doctors’ offices, and on internet; such information would include sticker eligibility requirements, what is covered, where to purchase, etc.)

Seating and rest areas. The seniors’ need for benches and other places to rest when walking and waiting extended throughout the environment of Saskatoon and reflected the seniors’ desires to be active and independent members of the community. The lack of benches and other rest areas was identified as a factor negating the engagement of seniors and their caregivers. In that sense, seating and rest areas can be considered determinants of access and engagement.

Suggestions As illustrated by the following comments, the suggestions mainly related to the provision of more benches and rest areas;

- City planning should give greater consideration to the sitting needs in public and private spaces of the citizens, including seniors;
- Install more seating in malls, stores and along sidewalks; for removal of ice spikes install benches inside main doors of malls, banks, etc. [Reports that the fire department does not like benches inside main doors should be investigated and workable solutions found; and solutions found to the problems arising from youth using the benches to “hang out” at the main entrances of malls.

Public Washroom/Rest Areas

The majority of the survey respondents agreed with the statements that the public washrooms and rest areas were located on the main floor, were large enough for wheelchairs, walkers and strollers, and had sufficient seating for patrons to rest or to use services. The majority of the respondents agreed with the statements that the public washrooms and rest areas were clean and pleasant, located in appropriate areas for use and in sufficient numbers, and were well-maintained and safe. However, there were significant differences between the responses of the able bodied and those with ability limitations. Significantly fewer of those with ability

limitations judged the facilities to be appropriately located, in sufficient numbers, and well-maintained and safe. Public washrooms and rest areas would appear to be an issue among the ability-limited respondents.

An important consideration of whether or not a community is age friendly by seniors is the accessibility and adequacy of publicly-available washrooms. While washrooms are important to all citizens, they are particularly important to seniors and to the handicapped. In general, there was the opinion among the focus-group participants that there was a shortage of public washrooms, and, among those that exist, there were few that were appropriately accommodating for the handicapped.

Suggestions. The following actions on public washrooms were recommended by the participants;

- More public washrooms are needed downtown and the new public-washroom design should be adopted;
- More washrooms need to be renovated to accommodate the handicapped;
- Portable washrooms for the handicapped need to be developed and made available at outdoor public events and in locations where there are a shortage of washroom facilities;
- Good signage is essential if people are to know where public washrooms are located;
- Need more family washrooms to accommodate caregivers and seniors of opposite sex;
- Review the building codes for buildings and washrooms for the accommodation of the handicapped – do not limit this consideration to the accommodation of wheelchairs as seniors have other issues such as the height of toilets, railings, door latches, lighting, privacy and safety that pertain to all stalls;
- Malls and other shopping areas that want seniors' business, should make public washrooms accessible and publicize where they are; and,
- The Saskatoon Health Region needs to plan better – parking, handicapped access, public washrooms, etc. are all issues associated with facilities which it manages.

5.3.0 DIMENSION 2: *TRANSPORTATION*

5.3.0 Dimension Framework: 2. Transportation

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Transportation*:

Transportation, including accessible and affordable public transport, is a key factor influencing active ageing. It is a theme running through many other areas of discussion. In particular, being able to move about the city determines social and civic participation and access to community and health services (WHO Global Age-Friendly Cities Guide, p. 20)

Among these characteristics were the following:

1. Availability
 2. Affordability
 3. Reliability and Frequency
 4. Travel Destinations
 5. Age-friendly Vehicles
 6. Special Services for Older People
 7. Priority Seating and Passenger Courtesy
 8. Transport Driver
 9. Safety and Comfort
 10. Transport Stops and Stations
 11. Community Transport
 12. Taxis
 13. Information
 14. Driving Conditions
 15. Courtesy towards older drivers
 16. Parking
- (WHO Global Age-Friendly Cities Guide, p. 22-27)

5.3.1 Qualitative Results: Focus Groups

5.3.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon's *Transportation* from the focus group participants the following specific orientation questions were posed:

Transportation

What is it like to drive in Saskatoon?

Consider -

- Roads – lighting, signage
- Parking – locations, regulations, number of handicap parking spots
- Snow removal
- What is the public transportation system like in Saskatoon?

Consider –

- Community transportation services, shuttle services, volunteer availability
- Assisted transportation for people with disabilities
- Public transportation – available, costs, reliable, accessible, frequent
- Information about transportation – cost, timetables

(“2.4 Age-Friendly Manitoba Community Discussion Suggestions,” Age Friendly Manitoba)

5.3.1.2 Focus Group Results: Comments and Issues

5.3.1.2.1 Public transportation

Affordability

WHO Descriptor. Public transportation is affordable to all older people and consistent and well displayed transportation rates are charged.

Positive comments

- Most focus group participants commented on the affordability of Saskatoon’s public transit system.

Negative comments

- A couple of participants stated it is too expensive. “It costs the wife and me \$10 to go downtown and back. We can’t afford it,” one said. Annual passes for seniors in Saskatoon at \$225 were compared unfavourably with Calgary’s annual rate of \$35 for persons over 65.

Suggestions

- Set transit fees for seniors that are comparable to Calgary’s \$35 year versus \$225 year).
- Study Hawaii’s public bus system which provides inexpensive public transport for seniors (Honolulu’s annual card is \$10 and monthly pass is \$5.) Every bus accommodates wheelchairs; drivers are friendly and provide assistance with wheelchairs.

5.3.1.2.2 Reliability and frequency

WHO Descriptor. Public transport is reliable and frequent (including services at night and at weekends).

Positive Comments

- Most participants who use the Saskatoon transit system consider the buses to be reliable.

Negative Comments

- Recent scheduling changes has led to a longer wait between some buses (1/2 hour instead of ¼ hour)
- Buses are less frequent during evenings, weekends and holidays.

5.3.1.2.3 Travel destinations

WHO Descriptor. *Public transportation is available for older people to reach key destinations such as hospitals, health centres, public parks, shopping centres, banks and seniors centres. All areas well-serviced with adequate well-connected transport routes within the city (including the outer areas) and between neighbouring cities. Transport routes are well-connected between the various transport options.*

Positive comments.

- Public transportation to hospitals and malls is available.
- Bus connections are good.
- “Finally you can take public transportation to the airport!” a participant told us.

Negative comments

- Distances from bus stops at Saskatoon’s hospitals and malls to entrances are long and prohibit seniors with compromised mobility from using public transit to these important facilities.
- Seniors with compromised mobility experience considerable difficulty changing buses.
- Recent changes in bus routes have resulted in longer trips. One participant said, “It used to take me 20 minutes to go downtown, now it takes an hour.”
- Some routes are very long. (One participant described how she requires 2 hours to ensure she reaches her doctor’s office on time.)
- Some trips to nearby destinations require transfers and take longer than trips to destinations much farther away.
- There is poor bus access to Stonegate shopping area.
- The lack of transportation services between Saskatoon and the neighbouring communities poses problems for seniors in these communities who cannot drive.

Suggestions

- Develop communication between Transit and people with compromised mobility to find ways of making bus travel easier for people with compromised mobility.
- The City could partner with SHR and malls to find ways to accommodate passengers with compromised mobility gain access by bus to these important facilities.
- Develop a bus stop at Stonegate Mall.
- Explore the possible use of feeder buses in areas where buses have few passengers.
- Explore the possibility of shuttle bus service between Saskatoon and neighbouring communities.

5.3.1.2.4 Age-friendly vehicles

WHO Descriptor. *Vehicles are accessible, with floor that lower, low steps, and wide and high seats. Vehicles are clean and well-maintained. Vehicles have clear signage indicating the vehicle number and destination*

Positive comments

Focus group participants made very favourable comments about the new buses with floors that lower and are accessible to people with walkers or carts and in wheelchairs.

Negative comments

A participant told how she found it embarrassing to ask drivers to lower the floor because she felt it drew attention to her limitations and some drivers seemed annoyed. “I wish the drivers would go ahead and lower the floor without being asked,” she said.

5.3.1.2.5 Specialized services –Access bus

WHO Descriptor. Sufficient specialized transport services are available for people with disabilities.

Observations: Most participants knew of the Access bus though few used it. All who spoke about it saw it as a worthwhile and important service in Saskatoon. There was some disagreement as to eligibility criteria: some participants saw eligibility requirements as too restrictive (physician referral required), several others who are in wheelchairs suggested access be further limited to people in wheelchairs only and one person wanted a special bus for seniors only.

Positive comments

- Access bus provides very good and affordable specialized transport services for people with disabilities to go to appointments, visits and shopping.
- Clients can be accompanied by a companion free of charge.
- Staff, both dispatchers and drivers, are accommodating and courteous.
- People who use the Access buses feel safe.

As one participant put it, “God bless Access bus forever!”

Negative comments

- Not all requests can be accommodated - demand exceeds supply.
- Booking ahead requirements limit access for unexpected events.
- Waits after appointments can be long.
- Very limited room is provided for parcels.
- There is no service to Greater Saskatoon areas.
- The question of improvements to scheduling was raised (for example, can procedures be developed so that prospective passengers for an overbooked bus can be accommodated on another that has few passengers?)
- A couple of negative comments were made about lack of courtesy and help securing wheelchairs (The latter incident took place 10 or more years ago.)

Suggestions

- Purchase more Access buses in order to better meet the needs in Saskatoon.
- Develop a program to accommodate a specified number of last minute bookings for situations that cannot be pre-booked.
- Install intercoms to enable Access bus drivers to talk to each other so buses with few passengers can accommodate passengers on fully booked routes.

- Review services to determine whether some people can be accommodated in less expensive buses than those required for wheelchairs.
- Publicize the criteria for eligibility to Access bus system.
- Make the Access bus available to neighbouring communities, a specified day of the week for each community.
- There is a need for a service similar to the Access bus for seniors who do not meet the criteria for the Access bus but who still require some assistance with transportation (their mobility may be compromised, they may have a condition that fluctuates, etc.) Such a service could take seniors to medical appointments, dialysis, shopping; it should be affordable and available without lengthy pre-booking requirements.

5.3.1.2.6 Priority seating

WHO Descriptor. Priority seating for older people is provided, and is respected by other passengers.

There was no mention or discussion of priority seating.

Transport drivers

WHO Descriptor. Drivers are courteous, obey traffic rules, stop at designated transport stops, wait for passengers to be seated before driving off, and park alongside the curb so that it is easier for older people to step off the vehicle.

Positive comments

- Drivers were frequently described as courteous and helpful and some participants wanted some means of acknowledging helpful drivers. One said, “I asked the driver which stop I should use for the street number I was going to and he was very helpful.”

Negative comments

- Drivers sometimes start too quickly and before older passengers are seated. A participant said, “I stopped using the bus because I fell into people’s laps too often.”
- Some described incidents in which they observed drivers showing lack of empathy or respect for seniors, or “snarling.”
- A bus driver was observed helping with bike storage, then not helping a senior. “If you can help with a bike why not a wheelchair?” a participant asked.
- Drivers do not help seniors get to and on buses, a problem in winter when icy snow and snow piles are dangerous. Another said, “I damaged my cane trying to get over snow banks to get to the bus so I don’t use buses in winter now.”

Suggestions

- Promote a “choose cheerfulness” campaign for Transit and other City staff and teach Transit staff that their attitude towards patrons sets the tone for patrons’ experiences on buses.
- Make Age sensitivity training a requirement for bus drivers, other City employees and taxi drivers. It should include sensitivity on disability issues.
- Develop a program whereby passengers can acknowledge helpful bus drivers. One suggestion was that cards stating “thank-you for your courtesy” be made available for passengers to give to drivers.

5.3.1.2.7 Safety and comfort

WHO Descriptor. Public transport is safe from crime and is not overcrowded.

Positive comments

- Participants said they feel safe on the bus – with a few exceptions described below.

Negative comments

- Several described incidents where bus drivers started bus before passengers were seated. (See section on Transport drivers above.)
- Several described personal incidents where they tried to access bus stop or bus over snow banks and ice. (See section on Transport drivers above.)
- Some bus stops and shelters were described as unsafe. (See section on Transport stops and stations below.)
- Walking to and from bus stops is unsafe at times:
 - In winter because sidewalks are not cleared of ice and snow
 - In the dark because of poor lighting, bushes and trees on some streets.

Suggestions

- Monitor drivers' courtesy, helpfulness and practices to ensure passenger safety.
- Make snow removal at bus stops a priority.
- Ensure adequate lighting especially in areas that are not open but have bushes and trees.
- Ensure bushes bordering sidewalks are not overgrown onto the sidewalk.

5.3.1.2.8 Transport stops and Stations

WHO Descriptor. Designated transport stops are located in close proximity to where older people live, are provided with seating and with shelter from the weather, are clean and safe, and are adequately lit. Stations are accessible, with ramps, escalators, elevators, appropriate platforms, public toilets, and legible and well-placed signage. Transport stops and stations are easy to access and are located conveniently. Station staff are courteous and helpful.

Observations

The topic of bus stops generated vigorous discussion by participants who used the transit system and some who did not.

Positive comments

- Some stops have seats.

Negative comments

- Some bus stops are not safely accessible in winter conditions.
- The location of bus stops at hospitals and malls is a barrier for people of all ages with compromised mobility. (See section on Travel destinations above)

- Participants with compromised mobility mentioned the lack of safety of a bus stop on a boulevard where passengers must walk on uneven and sometimes slippery grass surfaces as well as concrete sidewalk.
- There are too few shelters.
- Shelters are not well maintained and unsafe due to poor lighting. Some were described as “seedy.”
- Shelters need seats, better lighting and should provide information about routes including an outline map.
- Security is needed at downtown and Confederation terminals.

There was no discussion of the accessibility and location of stations or station staff.

Suggestions

- Require hard surfaces at bus stops for safety reasons and pave any soft surfaces at bus stops on boulevards.
- Post basic information about routes at bus stops with outline maps showing major destinations and bus arrival times at that bus stop.
- Provide more seating and safe shelters at bus stops.
- Provide security at bus stops.
- The City could partner with SHR and malls to find ways to accommodate passengers with compromised mobility gain access by bus to these important facilities.
- The responsibility for clearing bus stops of snow could be moved from Public Works to the Transit Department.

5.3.1.2.9 Information

Who Descriptor. Information is provided to older people on how to use public transport and about the range of transport options available. Timetables are legible and easy to access. Timetables clearly indicate the routes of buses accessible to disable people.

Observations

Some focus group participants who do not use public transit said they are interested but do not know how or where to find information. Some are afraid to try and some wished there was a way to learn.

Positive comments

- Scheduling information is now available on the computer and smart phone.

Negative comments

- Bus schedules are not user-friendly. Information is complicated and confusing, print size is too small and there is poor contrast between colours. (After one focus group several participants compared a newly revised schedule with the previous version and all found the newer one more difficult to decipher than the previous one.)
- The transit department website is not user friendly and the click and ride section not always accurate.
- Bus stops do not provide information about routes that stop there.

Suggestions

- Post at bus stops outline maps of routes, main stops and times buses arrive at that bus stop.
- Have voice announcements of next stop on buses to help passengers who are uncertain when to get off.
- Develop a program whereby seniors can learn to use the bus. Suggestions include a bus buddy program and a free bus pass for a month for seniors who are learning to use the bus system.
- Make Transit brochures and website age-friendly with larger print, good contrast colours, simpler formats that are easier to understand.
- Develop a communications program so the Transit Department and seniors can discuss issues affecting seniors' use of public transportation. A senior voice in decision making about route changes was suggested.
- The City should study the Red Arrow bus lines in Calgary, Red Deer and Edmonton.

5.3.1.2.10 Community transport

WHO Descriptor. Community transport services, including volunteer drivers and shuttle services, are available to take older people to specific events and places.

Observations

Focus group participants commented on the lack of community transportation for seniors in Saskatoon and on the critical need for such services especially in specific areas of the city without grocery stores, for example, downtown and the 20th St. area, and between Saskatoon and Greater Saskatoon communities.

Participants had positive comments about the Co-op bus (See Positive comments below) and some saw it as a possible model for possible future developments. They noted some residential facilities, though not all, provide transportation to residents and drew a distinction between such private services and community transportation.

There were few comments about volunteer drivers; most were made by a couple of participants who volunteer driving patients without family to hospitals and clinics. A participant in a Greater Saskatoon focus group also told how her community no longer has volunteer transportation to Saskatoon because the elderly woman who voluntarily drove seniors for years is no longer able to do so.

Positive comments

- Co-op buses transport older adults who live in some housing complexes with a large concentration of seniors to the Co-op for shopping and visiting on a regular basis.
- Seniors in some seniors' housing complexes have access to transportation to appointments provided by the housing complex.
- Persephone Theatre offers entertainment packages that include transportation.
- Some seniors provide volunteer driving to hospital and clinic appointments to patients who have no other means of transportation.

Suggestions

- Prioritize development of a shuttle service in areas of the City where there is no grocery shopping.

- Develop a shuttle service, a park and go service, so people can park at malls, take a shuttle to hospitals and be dropped off at the main door.

5.3.1.2.11 Taxis

WHO Descriptor. *Taxis are affordable, with discounts or subsidized taxi fares provided for older people with low income. Taxis are comfortable and accessible with room for wheelchair and/or walking frames. Taxi drivers are courteous and helpful.*

Observations

Some focus group participants told us taxis are the only means of transportation some older adults, especially those with health and mobility limitations and without family, have.

Positive comments

- Some participants described courteous and helpful service from taxi drivers.
- One participant described the generosity of a driver when she lacked enough money for the fare.

Negative comments

- Taxis are expensive, too expensive for many seniors.
- There are no discounts or subsidized fares for those with low incomes.
- Wheelchair accessible taxis are also described as expensive, often unavailable with waiting times that can last 1 ½ - 2 hours.
- A focus group participant with allergies to smoke and pets described some taxis as unclean and smelling of smoke. She said she has had to get out of taxis and return home instead of going where she had planned.
- Some participants described some taxi drivers as rude and unhelpful.
- One stated older adults with poor language skills were “scammed” by some drivers. “I know the area very well and the driver took us on a round-about route,” she said.

Suggestions

- Make it a condition of licensing that taxis must accommodate passengers who require assistance in and out of the cab and to the door.
- Enforce regulations requiring taxis to be smoke-free.
- Provide more wheelchair accessible taxis.
- Investigate the possibility of a taxi and wheelchair subsidy program for low income seniors including research into practices in other jurisdictions.

5.3.1.2.12 Roads

WHO Descriptor. *Roads are well-maintained, wide, and well-lit, have appropriately designed and placed traffic calming devices, have traffic signals and lights at intersections, have intersections that are clearly marked, have covered drains, have consistent, clearly visible and well-placed signage. The traffic flow is well regulated. Roads are free of obstructions that might block a driver’s vision. The rules of the road are strictly enforced and drivers are educated to follow the rules.*

Observations. Winter road conditions, the City’s management of them and their effects on seniors dominated discussions of the age-friendliness of Saskatoon’s roads. Participants stated senior drivers and bus passengers have to use sidewalks as well as streets and cannot separate out the safety of one from the other. They also talked about street design and maintenance, street signage and lighting.

Positive comments

- Downtown streets are usually well-plowed (though effects of snow piled along sidewalks are described below under Negative comments.)
- Street signage on 8th St. for the next cross street is noted as an exception in the city and a model for other streets.

Negative comments

- Streets in winter are icy with icy ruts that are difficult to negotiate by drivers and pedestrians crossing at intersections. A participant told us, “I watched a very elderly woman crossing a major intersection on 8th St. just ski down ruts. I wanted to help her but didn’t dare move in case I startled her and made her fall.”
- Streets in some residential areas are not cleared of snow. Snow removal in other areas is described as inadequate.
- Streets that have been plowed have snow piled along sides of streets making access to bus stops and parking dangerous at times and impossible at other times.
- Snow piled along the sides of streets also blocks driveways and can be too heavy for some senior residents to remove.
- Older drivers expressed concerns not only about slippery road conditions but also about their ability to access and navigate sidewalks, crosswalks and ramps before and after driving to their destination.
- Bikers pose problems for drivers especially in winter (and for pedestrians with compromised mobility in all seasons.)
- People with compromised mobility need longer amber lights to cross streets regardless of seasonal road conditions. “We waited until the start of a walk light to cross and tried to walk as fast as we could. But we could not make it before the light turned red,” a participant told us.
- Street signage is inadequate with the following problems noted:
 - inconsistent location of signs
 - poor visibility of signs especially at night but also during the day (lettering is too small and signs are sometimes hidden by branches)
 - signage for cross streets is poor on most major streets. (See Positive Comments on 8th Street above.)
- Several streets were described as poorly lit and this deters seniors from going out when it is dark (“I don’t go out at night because Clarence St. is too dark at night and there are so many trees and bushes,” a participant told us.)
- There is insufficient distance to change lanes in order to access some exits on several major arteries.
- Some major intersections are poorly designed.

- Concerns were expressed about the ability of emergency vehicles to get through traffic bottlenecks in some areas of city.
- There are many potholes on city streets, some of which are large and unmarked.

Suggestions

- Start clearing snow immediately on main arteries and bus routes and as soon as possible on residential streets.
- The prioritization of snow removal at bus stops has been suggested under Safety and Comfort above.
- Develop effective means of snow clearance on sidewalks.
- Make winter tires mandatory.
- Extend the walk time at crosswalks on streets with boulevards.
- Develop a way to extend the walk time for people of all ages who require longer to walk across the street.
- Develop a way of letting drivers know a red light is coming so they can slow down more safely in winter conditions, perhaps warning flashes.
- Improve street signage: more signs indicating cross street, street signs on both sides of street at intersections, use of larger letters and good contrast colours, visibility at night, trees blocking some signs and consistency of signs an issue.
- Increase lighting on streets.

5.3.1.2.13 Driving competence

WHO Descriptor. Refresher driving courses are provided and promoted.

Observations. A few participants mentioned refresher driving course through 55-Alive but this topic generated little discussion other than the suggestion below.

Suggestion:

- Seniors should take advantage of the 55 Alive driving courses.

5.3.1.2. 14 Parking

WHO Descriptor. Affordable parking is available.

Observations. Winter conditions, the City's snow clearing practices and their effects on seniors also dominated discussions of parking. Parking fees and the visibility of parking fees on meters were other issues of concern.

Handicapped parking is dealt with separately and immediately following parking.

Positive comments

No Comments

Negative comments

- There is inadequate parking downtown, at hospitals, apartment buildings and condos.
- Some parking spots cannot be accessed in winter because of inadequate snow clearance. Some that can be accessed are icy and dangerous.

- In winter sidewalks are not accessible from parking spots because of snow clearing practices.
- Concerns were expressed whether winter conditions would prevent ambulances from parking in some residential areas.
- Parking fees are too expensive especially at hospitals but also downtown.
- The maximum time allotted on parking meters is too short for doctors' appointments, cultural events and other entertainment.
- Some seniors and others with vision problems have difficulty reading parking fees on parking meters.

Suggestions

- Re-instate a previous program which enabled drivers to purchase a \$50 card for parking meters or use credit cards for parking.
- Require companies that manufacture parking meters to do R&D on the readability of panel on meter that provides information on parking fees.
- Develop underground parking downtown.
- Develop a shuttle or "park and go" service between hospitals, malls and downtown.
- Improve snow removal in residential areas to ensure better and safer parking.

5.3.1.2. 15 Handicapped parking

WHO Descriptor. Priority parking bays for disable people are provided close to buildings and transport stops, the use of which are monitored. Drop-off and pick-up bays close to buildings and transport stops are provided for handicapped and older people.

Observations: Participants who do not use handicapped parking spots stated there are enough handicapped parking spots while those who use them said there are not. "I have given up going downtown," one participant told us, "because I could never find a handicapped parking spot." Participants also described the difficulties experienced by many seniors who do not qualify for handicapped parking but have difficulty walking from regular parking spots that are some distance from their destination. They suggested a new category of courtesy senior parking spots similar to that for expectant mothers.

Positive comments

- Fees for handicapped parking are no higher than regular parking.
- Placards to identify cars with stickers are not car specific but can be transferred to other cars used by the person for whom the placard was issued.

Negative comments

- There are not enough handicapped parking spots downtown.
- The location of some spots on an incline causes wheelchairs to roll.
- Many spots have inadequate space for the driver to open the trunk of the vehicle to remove and set up the wheelchair, to assist the individual into the chair and access the sidewalk from the street.
- Lack of snow clearance adds to the above challenges and to the lack of age- friendliness.

- People using handicapped parking spots make the same complaint about the high cost of parking at hospitals and downtown as those using regular spots.
- Some older adults though frail do not qualify for handicapped parking but are unable to walk several blocks from available regular parking spots to their destination.

Suggestions

- Seniors who use handicapped parking should talk to businesses because able-bodied people do not know about the parking difficulties people using handicapped parking experience.
- Handicapped parking should be expanded to include a category for people who are not eligible but nonetheless are unable to walk the length of a parking lot or several blocks – possibly courtesy spots similar to those for expectant mothers.
- Higher fines were suggested for people who park illegally in handicapped parking spots.

5.3.1.3 Focus –Group Summary Statement

Though most focus group participants said they do not use public transportation in Saskatoon they acknowledged its importance and commented positively on its affordability and reliability, the new buses that are accessible to people using wheelchairs, walkers and carts, and the courtesy and helpfulness of most drivers. Some however said they cannot afford to take buses and compared Saskatoon’s fees with the much lower ones in Calgary. Several described instances in which they found drivers disrespectful or unhelpful and indicated a need for training on working with seniors.

Participants identified many challenges and needed improvements. They described the lack of snow clearance at bus stops in winter and the distances from bus stops to hospitals and mall entrances as barriers to the use of public transport by seniors. They voiced some safety concerns when buses start before they are seated, when navigating bus stops at unpaved boulevards, using buses after dark because of poor lighting on streets and at bus stops and at some bus shelters. Other problem areas include lack of seating and information about relevant routes at bus stops, a lack of shelters and maintenance of some shelters, lengthy routes, reduced service evenings, weekends and holidays and recent scheduling changes that led to changes that negatively affected some participants.

Participants also identified Transit’s information system as hindering many seniors from using buses. Information whether on brochures or website was widely described as complicated, confusing and not senior or user friendly.

Participants suggested fees for the seniors’ bus pass be made comparable to those of Calgary; bus stops be made more age-friendly with hard surfaces, seating, good lighting, more well maintained shelters and clear posting of route information; the location of stops at hospitals and malls be moved closer to main entrances; priority be given to snow and ice clearance at bus stops; a program be initiated to teach seniors how to use the bus system; age-sensitivity training be a requirement for bus drivers and a “choose cheerfulness” campaign be introduced for Transit staff and other City employees. Participants also expressed a need for bus service to Stonegate Mall and to communities outside Saskatoon.

Access Transit, a specialized transportation for people with disabilities, elicited many positive comments about its services, affordability and staff's helpfulness and willingness to accommodate. There were a few dissenting voices but most negative comments centered on Access's inability to meet all requests especially those that cannot be made a week ahead, the lack of service to Greater Saskatoon communities and questions about eligibility requirements and how to access that information. They suggested an expansion of the Access system and the development of a new service to provide assisted transportation for frail persons of all ages who do not meet the criteria for Access but nonetheless require some assistance with transportation.

Focus group participants commented on the lack of community transportation for seniors in Saskatoon and on the critical need for such services especially in specific areas of the city without grocery stores, for example, downtown and the 20th St. area, and between Saskatoon and Greater Saskatoon communities. The Co-op bus program was repeatedly described as offering a valuable service to specific groups of seniors and cited as a model.

Most participants noted taxis to be very expensive but also the only means of transportation for some seniors. Wheelchair taxis were considered to be not only very expensive but difficult to get with long waiting periods. Reports on drivers and cabs ranged from very positive to negative. Some participants suggested the need for subsidies for wheelchair taxis for low income seniors.

Winter road conditions, inadequate snow clearance on streets, at crosswalks and bus stops and their negative effects on seniors dominated discussions of the age-friendliness of Saskatoon's roads. Participants stated senior drivers and bus passengers have to use sidewalks as well as streets and safety using one cannot be separated out from the other. They singled out cyclists as hazardous to drivers on roads and pedestrians, especially those with compromised mobility, on sidewalks. They commented on dangerous potholes, inconsistently located and often poorly visible street signage, a need for more street lighting in some areas and for a method to allow the longer street crossing time required by some seniors. They suggested improvements to these areas of concern, a means whereby frail persons could enable longer walk times across intersections and separate paths for cyclists and pedestrians.

Discussions of parking both regular and handicapped were also dominated by winter conditions especially inadequate snow clearance and the barriers it causes for seniors parking. Other issues identified for both regular and handicapped parking include inadequate parking downtown and at hospitals, high parking fees, inadequate parking time for doctors' appointments and some events and the poor visibility of fees on parking meters. Participants with disabilities pointed to a need for improvement in design (space to handle wheelchair and handicapped person and access to sidewalk) and enforcement of parking regulations. A need was identified for a new category of parking spot for frail persons of all ages who do not qualify for handicapped parking but who for a variety of reasons have difficulty walking the distances often required from regular parking spots to destination. Suggestions focused on increased parking, for example, underground parking downtown, longer maximum parking times, less expensive parking downtown and at hospitals, initiating a dialogue between persons using handicapped parking and businesses to better explore the difficulties people have using handicapped parking, and a new program of courtesy spots for frail persons of all ages.

5.3.2 Quantitative Results: Transportation

Since the items on the survey were just a sample of possible items, responses on some topics were not sought. As a result, on the *Age-friendly transportation checklist*, only the following aspects were addressed: (1) Affordability; (2) Reliability and Frequency; (3) Specialized Services; (4) Information; (5) Community Transport; (6) Roads; (7) Driving Competence; and (8) Parking. To these was added the topic (9) Snow Removal. The topics on the checklist not addressed were Travel Destinations, Age-friendly Vehicles; Priority Seating; Transport Drivers; Safety and Comfort; Transportation Stops and Stations; and, Taxis.

The percentages and means of the survey samples responses to the Transport section of the Age-friendly Saskatoon Survey have been presented in Table 7. Again, while all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents, thus, it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondent have an ability limitation, similar results have been presented in Tables 8 and 9, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.3.2.1 Affordability (Public transportation)

Total Sample

As shown in Table 7, the following response items dealt with the affordability of public transportation: Public transportation “is convenient, accessible and affordable and allows seniors to reach various destinations to conduct daily activities;” and, “Costs are consistent, displayed and affordable.” Inspection of the percentages of responses showed public transportation was of low or special interest among the respondents. A majority of respondents believed the costs were consistent, displayed and affordable (50.7%) – only a small minority disagreed (18.9%). However, when asked if the public transportation was convenient, accessible, affordable and destination appropriate, a minority agreed (49.7%) and a significant minority disagreed (26.8%). Thus, while Public Transportation was not of central interest to the respondent, a near majority believed it to be affordable, convenient, accessible and destination appropriate. However, a significant minority held that public transportation in Saskatoon was not ‘convenient, accessible and affordable and did not allowed seniors to reach various destinations to conduct daily activities.’

Table 7
Survey Results: Transportation
(N = 302)

Dimension/ Item	% NR/ Not-sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
A. Roads and Driving						
<i>What is it like to drive in your community?</i>						
Roads						
Are well-maintained, well-lit and have visible easy-to-read signage	7.0	12.9	32.8	40.1	7.3	2.4
Traffic lines on pavement are visible	9.3	9.9	45.4	30.5	5.0	2.3
Roadways are clear of obstructions that block driver's vision	10.9	5.3	25.8	51.0	7.0	2.7
Traffic signs and intersections are visible and well-spaced	7.6	4.3	14.6	67.9	5.6	2.8
Driver education and refresher courses are promoted for all drivers	30.1	6.0	21.5	34.4	8.0	2.6
Total Component						2.6
Parking						
Parking lots and street parking is located close to amenities	8.6	3.3	19.5	63.3	5.3	2.8
Parking regulations are enforced for emergency zones and disabled parking	21.9	6.0	21.9	45.0	5.3	2.6
Drop-off and pick-up areas are available, clearly marked, conveniently located and sufficient in number	16.6	3.3	25.5	47.7	7.0	2.7
There is a sufficient number of disabled parking spots	24.5	8.0	23.8	37.4	6.3	2.6
Total Component						2.7
Snow Removal						
Roads and parking areas are promptly cleared of snow and ice.	7.0	21.5	37.1	29.1	5.3	2.2

Table 7 (Cont.)
Survey Results: Transportation

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
B. Public Transportation						
<i>What is the public transportation system like in your community?</i>						
Community Transportation Services						
Community transport services are affordable and accessible	21.9	5.6	12.6	55.6	4.3	2.8
There is shuttle services to transport seniors	28.5	4.3	12.9	48.0	6.3	2.8
There is a volunteer and informal network of drivers available	54.0	5.6	20.2	17.9	2.3	2.4
Total Component						2.7
Assisted Transportation						
Persons with disabilities are able to access reliable and affordable transportation	25.5	4.0	12.6	49.0	8.9	2.8
Public Transportation						
Is convenient, accessible and affordable and allows seniors to reach various destinations to conduct daily	23.5	3.6	23.2	45.4	4.3	2.7
Costs are consistent, displayed and affordable	30.5	2.7	16.2	46.7	4.0	2.7
Is reliable and frequent, including nights, week-ends and holidays	34.4	5.3	28.2	29.1	3.0	2.5
Provides complete and accessible information for users about routes, schedules and special needs facilities	39.4	3.3	19.9	32.8	4.6	2.6
Non-applicable	77.2	3.3	4.3	12.6	2.7	2.6
Total Component						2.6
Information about Transportation						
About the range of transportation services (public and private) is available; how, where, timetables and cost	52.7	1.7	16.6	26.8	2.3	2.6
Promotes public and alternative transportation in the community	51.3	4.6	15.9	26.5	2.7	2.5
Non-applicable	78.8	3.6	4.3	11.6	1.7	2.5
Total Component						2.6
TOTAL DIMENSION						2.60

Table 8
Survey Results: 2. Transportation: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not - sure	% * Disagree	% Agree	% Not sure	% Disagree
A. Roads and Driving						
<i>What is it like to drive in your community?</i>						
Roads						
Are well-maintained, well-lit and have visible easy-to-read signage	51.2	6.0	42.9	46.1	7.4	46.5
Traffic lines on pavement are visible	42.9	4.8	52.4	33.0	10.7	56.3
Roadways are clear of obstructions that block driver's vision	67.9	4.8	27.4	54.9	13.0	32.1
Traffic signs and intersections are visible and well-spaced	73.8	3.6	22.6	73.0	9.3	17.7
Driver education and refresher courses are promoted for all drivers	42.9	22.6	34.5	42.8	33.0	24.2
Parking						
Parking lots and street parking is located close to amenities	69.1	6.0	25.0	68.9	9.8	21.4
Parking regulations are enforced for emergency zones and disabled parking	47.6	14.3	38.1	51.6	25.1	23.3
Drop-off and pick-up areas are available, clearly marked, conveniently located and sufficient in number	53.6	10.7	35.7	54.9	19.1	26.1
There is a sufficient number of disabled parking spots	57.1	17.9	25.0	39.1	27.4	33.5
Snow Removal						
Roads and parking areas are promptly cleared of snow and ice.	39.3	4.8	56.0	33.0	7.4	59.5

Table 8 (Cont.)
Survey Results: 2. Transportation: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
B. Public Transport <i>What is the public transportation system like in your community?</i>						
Community Transportation Services						
Community transport services are affordable and accessible	64.3	19.1	16.7	57.7	23.3	19.1
There is shuttle services to transport seniors	66.7	21.4	11.9	49.8	31.6	18.6
There is a volunteer and informal network of drivers available	25.0	47.7	27.4	18.1	56.7	25.1
Assisted Transportation						
Persons with disabilities are able to access reliable and affordable transportation	65.5	23.8	10.7	54.4	26.5	19.1
Public Transportation						
Is convenient, accessible and affordable and allows seniors to reach various destinations to conduct daily	53.6	20.2	26.2	48.4	24.7	27.0
Costs are consistent, displayed and affordable	63.1	19.1	17.9	46.1	34.9	19.1
Is reliable and frequent, including nights, week-ends and holidays	41.7	26.2	32.1	28.8	37.7	33.5
Provides complete and accessible information for users about routes, schedules and special needs facilities	46.4	35.7	17.9	34.4	40.9	24.7
Non-applicable	19.1	73.8	7.1	13.5	78.6	7.9
Information about Transportation						
About the range of transportation services (public and private) is available; how, where, timetables and cost	32.1	46.4	21.4	28.4	54.4	17.2
Promotes public and alternative transportation in the community	40.5	39.3	20.2	22.3	56.3	20.5
Non-applicable	16.7	72.6	10.7	11.6	81.4	7.0

Table 9
Survey Results: 2. Transportation: Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
A. Roads and Driving <i>What is it like to drive in your community?</i>						
Roads						
Are well-maintained, well-lit and have visible easy-to-read signage	43.6	11.9	44.6	49.0	4.6	46.5
Traffic lines on pavement are visible	35.6	12.9	51.5	35.4	7.1	57.6
Roadways are clear of obstructions that block driver’s vision	51.5	15.8	32.7	61.6	8.1	30.3
Traffic signs and intersections are visible and well-spaced	62.4	13.9	23.8	78.8	4.6	16.7
Driver education and refresher courses are promoted for all drivers	38.6	35.6	25.7	44.4	27.3	28.3
Parking						
Parking lots and street parking is located close to amenities	62.4	13.9	23.8	71.7	6.1	22.2
Parking regulations are enforced for emergency zones and disabled parking	50.5	21.8	27.7	50.0	22.2	27.8
Drop-off and pick-up areas are available, clearly marked, conveniently located and sufficient in number	45.5	21.8	32.7	58.6	14.1	27.3
There is a sufficient number of disabled parking spots	27.7	24.8	47.5	52.0	24.8	23.2
Snow Removal						
Roads and parking areas are promptly cleared of snow and ice.	35.6	11.9	52.5	34.3	4.0	61.6

Table 9 (Cont.)
Survey Results: 2. Transportation: Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
B. Public Transport						
<i>What is the public transportation system like in your community?</i>						
Community Transportation Services						
Community transport services are affordable and accessible	60.4	20.8	18.8	59.1	22.7	18.2
There is shuttle services to transport seniors	52.5	29.7	17.8	55.6	28.3	16.2
There is a volunteer and informal network of drivers available	19.8	54.5	25.7	20.7	53.5	25.8
Assisted Transportation						
Persons with disabilities are able to access reliable and affordable transportation	61.4	21.8	16.8	56.1	27.3	16.7
Public Transportation						
Is convenient, accessible and affordable and allows seniors to reach various destinations to conduct daily	49.5	24.7	24.8	49.5	22.7	27.8
Costs are consistent, displayed and affordable	53.5	33.7	12.9	49.0	29.3	21.7
Is reliable and frequent, including nights, week-ends and holidays	30.7	37.6	31.7	33.3	32.8	33.8
Provides complete and accessible information for users about routes, schedules and special needs facilities	32.7	41.6	25.7	40.4	38.4	21.2
Non-applicable	14.9	75.3	9.9	15.7	77.8	6.6
Information about Transportation						
About the range of transportation services (public and private) is available; how, where, timetables and cost	24.8	58.4	16.8	31.8	49.0	19.2
Promotes public and alternative transportation in the community	20.8	54.5	24.8	31.8	50.0	18.2
Non-applicable	13.9	75.3	10.9	13.1	80.3	6.6

5.3.2.1 Affordability (Cont.)

Differences – Sex and Ability Limited

The percentages of responses, when classified on the basis of the sex of respondent and whether or not the individual had an ability limitation, have been presented in Table 8 and Table 9, respectively.

Sex differences. Inspection of Table 8 showed there was no significant difference between the percentage of males and females agreeing or disagreeing with the statement that public transportation was “convenient, accessible and affordable and allows seniors to reach various destinations to conduct daily activities” – near majorities agreed with the statement and significant minorities disagreed. However, on the statement that public transportation costs were consistent, displayed and affordable, there was a significant difference in the responses of the sexes. While 63.1 per cent of the males agreed with the statement, only 46.1 per cent of the females agreed (difference of 17.0 %). Female respondents indicated a lower centrality of interest and concern with public transportation than did the male respondents. On the cost-consistency/affordability item, 34.0 per cent of the females indicated they were not sure and 19.1 per cent of the males responded similarly. Thus, males had a higher level of interest and concern on the Affordability of Public Transportation items, and had a higher belief that the costs were consistent, accessible and affordable, and public transportation was convenient, accessible and affordable and allowed seniors to reach various destinations to conduct daily activities.

Limited-ability differences. Inspection of Table 9 showed there were no significant differences between the responses of the able and ability-limited respondents on the affordability of Public Transportation statements.

Conclusion

While Public Transportation was not of central interest to the respondent, a near majority believed it to be affordable, convenient, accessible and destination appropriate. However, a significant minority held that public transportation in Saskatoon was not ‘convenient, accessible and affordable and did not allow seniors to reach various destinations to conduct daily activities.’ There were not significant differences between the responses of the able and ability-limited participants. However, when responses were classified on the basis of the sex of the respondents, males had a higher level of interest and concern on the Affordability of Public Transportation items, and had a higher belief that the costs were consistent, accessible and affordable, and the public transportation services were convenient, accessible and affordable and allowed seniors to reach various destinations to conduct daily activities.

5.3.2.2 Reliability and frequency (Public Transportation)

Total sample

As shown in Table 7, only 32.1 per cent of the respondents agreed that public transportation was reliable and frequent, including nights, week-ends and holidays, and 33.5 disagreed with the statement. It should be noted that 34.4 per cent of the respondents indicated they were not sure

or didn't respond, thus there was a very low level of interest and concern. Thus, while the item had low centrality, a significant minority of respondents disagreed with the statement that public transportation was reliable and frequent, including nights, week-ends and holidays.

Differences – Sex and Ability Limited

Sex differences. As shown in Table 8, significantly more males than females agreed with the statement that public transportation was reliable and frequent, including nights, week-ends and holidays (Agree: Males 41.7%; Females 28.8%). Although the item had a low centrality of interest among the respondents, it was of lower centrality to the females than the males (Not Sure: Females 37.7%; Males 26.2%).

Limited-ability differences. When the responses of the able and ability-limited respondents were compared, there was no significant difference in the percentages agreeing, disagreeing and not sure. Thus, there was no difference between the able and ability-limited respondents on their responses to the statement on the reliability and frequently of public transportation services.

Conclusion

The reliability and frequency of services of public transportation had a low centrality of interest and concern among the respondents. A minority of respondents agreed the public transportation services were reliable and frequent, including nights, week-ends and holidays, but a larger minority disagreed with the statement. Significantly more male than female respondents agreed with the reliability-frequency statement. No differences in responses were uncovered between the able and ability-limited respondents.

5.3.2.3 Specialized Services (Assisted Transportation)

Total sample

In order to ascertain whether or not there was adequate and appropriate transportation for people with disabilities, the statement "Persons with disabilities are able to access reliable and affordable transportation," was included under the Assisted Transportation theme in the survey. As shown in Table 7, 57.0 per cent of the respondents agreed with the statement and only 16.6 per cent were in disagreement. As would be expected, the index of centrality was low (25.5%) suggesting the item was of special interest to a few and of low concern for a significant percentage of the population. Thus, the majority of respondents held the opinion that persons with disabilities were able to access reliable and affordable transportation.

Differences – Sex and Ability Limited

Sex differences. As shown in Table 8, a significantly higher percentage of males than females agreed that persons with disabilities were able to access reliable and affordable transportation (Agree: Male 65.5%; Female 54.4%).

Limited-ability differences. Both the majority of able and ability-limited agreed with the statement and there was no significant difference between the percentages. It is interesting to

note that a higher percentage of the ability-limited than able-bodied respondents agreed that persons with disabilities were able to access reliable and affordable transportation (Ability-limited 61.4%; Able-bodied 56.1%).

Conclusion

There was general agreement that persons with disabilities in Saskatoon were able to access reliable and affordable transportation. Significantly more males than females were in agreement, and more ability-limited than able-bodied respondents responded positively.

5.3.2.4 Information (Public and Assisted Transportation)

Total sample

The following survey items were designed to ascertain whether or not information on transportation was available and adequate:

Public Transportation

- Provides complete and accessible information for users about routes, schedules and special needs facilities; and,

Information about Transportation

- About the range of transportation services (public and private) is available; how, where, timetables and costs;
- Promotes public and alternative transportation in the community.

Whether or not public transportation provided complete and accessible information was of distal interest for the greatest percentage of respondents (39.4%). Among the residue, 37.4 per cent of the respondents agreed with the statement and 23.2 per cent disagreed. Thus, information about public transportation was not of central interest to the respondents; but, for a minority, there was agreement that it “provides complete and accessible information for users about routes, schedules and special needs facilities.

Again, the majority of respondents indicated they had a low level of interest or concern about the range of transportation services available (52.7%); and, whether or not such information promotes public and private alternative transportation in the community (51.3%). Among the remaining respondents, minorities were in agreement with the statements (29.1% and 29.2%, respectively) and smaller minorities disagreed (18.3% and 20.5%, respectively). Thus, information about the range of transportation services (public and private) available and whether or not such information promotes public and alternative transportation in the community was not of central interest to the respondents. Slightly higher percentages of respondents responded positively than negatively to the information about transportation statements.

Differences – Sex and Ability Limited

Sex differences. A significantly higher percentage of males than females agreed with the statement that public transportation provided complete and accessible information (Agree: Males 46.4%; Females 34.4%). Conversely, a significantly higher percentage of females than males disagreed with the statement (Disagree: Females 24.7%; Males 17.9%). In addition, a

significantly higher percentage of females indicated they were “not sure.” In the responses to the information about transportation statements, there was no significant difference in the percentages of males and females agreeing and disagreeing with the information about the range of transportation item (Agree: 32.1% and 28.4%; Disagree: 21.4% and 17.2%, respectively). However, there were significant differences between the sexes in their responses to the statement “Promotes public and alternative transportation in the community.” While 40.5 per cent of the males agreed with the statement, only 22.3 per cent of the females concurred. In both cases, the percentages of respondents unsure were very high. A significantly higher percentage of females were unsure (Males 39.3%; Females 56.3%). In short, it would appear that females were significantly more negative in their evaluation of the availability of information about transportation.

Limited ability differences. Inspection of Table 9 would show that the ability-limited respondents consistently responded less favourably to the public transportation information and the information about transportation items. However, in all cases, the levels of interest and concern were low, and only a minority responded positively.

Conclusion

Information about public transportation was not of central interest to the respondents; but, for a minority, there was agreement that public transportation “provides complete and accessible information for users about routes, schedules and special needs facilities. Information about the range of transportation services (public and private) available and whether or not such information promoted public and alternative transportation in the community were not of central interest to the respondents. Slightly higher percentages responded positively than negatively to the information about transportation statements. A comparison of the responses of males and females indicated females were significantly more negative in their evaluation of the availability of information about transportation. A comparison of the responses of the able-bodied and ability-limited respondents showed that the ability-limited respondents consistently responded less favourably to the public transportation information and the information about transportation items. However, in all cases, the levels of interest and concern were low, and only a minority responded positively to the statements.

5.3.2.5 Community Transportation

Total sample

Under the theme of Community Transportation, the following statements were posited as item stems for the selection of response alternatives by the respondents:

- Community transport services are affordable and accessible;
- There is shuttle service to transport seniors; and,
- There is a volunteer and informal network of drivers available.

As shown in Table 7, although the indices of concern were relatively low, the majority of respondents were in agreement with the statements that community transport services were affordable and accessible (59.9%), and there were shuttle services to transport seniors (54.3%). The percentages of respondents in disagreement were low. There were marked differences in the responses to the statement “There is a volunteer and informal network of driver available.”

Here, the majority of respondents indicated they were unsure or did not respond. Only 20.2 per cent agreed and 25.8 per cent disagreed. It would appear that a volunteer and informal network of drivers had low centrality and visibility.

Differences – Sex and Ability Limited

Sex differences. As shown in Table 8, significant differences in the responses of males and females to the Community Transportation Services items were revealed. On the affordability and accessibility of community transport services and the availability of shuttle services for seniors items, the majority of both sexes agreed but a higher percentage of male than females did so (Agree: Males 64.3% and 66.7%, respectively; Females 57.7% and 49.8 %, respectively). On the volunteer and informal network of drivers item, again there was low centrality, more so for females, and low percentages in agreement and disagreement. However, significantly fewer females were in agreement (Agree: Males 25.0%; Females 18.1%). Thus, while all Community Transportation items had a low index of centrality, significantly higher percentages of males than females responded positively to the statements.

Limited ability differences. As shown in Table 9, no significant difference in responses to the Community Transportation Services items by the able-bodied and ability-limited respondents was uncovered.

Conclusion

Although the indices of concern were relatively low, the majority of respondents were in agreement with the statements that community transport services were affordable and accessible, and there were shuttle services to transport seniors. The number of respondents in disagreement was low. There were marked differences in the responses to the statement “There is a volunteer and informal network of driver available.” Here, the majority of respondents indicated they were unsure or did not respond. It would appear that a volunteer and informal network of drivers had low centrality and visibility.

While all Community Transportation items had a low index of centrality, significantly higher percentages of males than females responded positively to the statements. No significant difference in responses by the able-bodied and ability-limited respondents was uncovered.

5.3.2.6 Roads (and Driving)

Total sample

Inspection of the Age-friendly Saskatoon Survey showed, under the Road and Driving theme, the following pertinent response-statements stems:

Roads

- Are well-maintained, well-lit and have visible easy-to-read signage;
- Traffic lines of pavement are visible;
- Roadways are clear of obstructions that block driver’s vision; and,
- Traffic signs and intersections are visible and well-space.

As shown in Table 7, with the exception of roadways being clear of visual obstructions, all items were of high centrality of interest to the respondents: the visual obstruction item being of moderate centrality. Nearly an equal percentage of respondents agreed or disagreed (Agree 47.4%; Disagree 45.7%) with the statement that roads are well-maintained, well-lit and with easy-to-read signage. A majority disagreed (55.3%) with the statement the traffic lines on pavement were visible: 35.5 per cent were in agreement with the statement. Significant majorities of respondents agreed that the roadways were clear of obstructions that block driver's vision (58.0%) and traffic signs and intersections were visible and well-spaced (73.5%). A significant minority disagreed with the clear of obstruction statement (31.1%). It would appear there was disagreement among the respondents on whether or not the roads were well-maintained, well-lit and had visible easy-to-read signage, and if the traffic lines on pavement were visible. The majority of respondents believed the roadways were clear of obstructions that block driver's vision, and traffic signs and intersections were visible and well-spaced. The vast majority of respondents gave a high degree of centrality of interests to these road and driving items.

Differences – Sex and Ability Limited

Sex differences. As shown in Table 8, while there was almost a balance among the percentage of respondents agreeing and disagreeing on whether or not the roads were well-maintained, well-lit and having visible easy-to-read signage, a majority of males agreed with the statement (51.2%) and a majority of females disagreed (46.5%). A significantly lower percentage of females than males agreed that the traffic lines on pavement were visible (Agree: Males 42.9%; Females 33.0%). Although majorities of males and females agreed that the roadways are clear of obstructions that block driver's vision, a significantly higher percentage of males were in agreement (Males 67.9%; Females 54.9%). There appeared to be no significant difference between the sexes in their assessment of the visibility and spacing of traffic signs and intersections. Thus, in general, women appeared to be significantly less in agreement than the men with the road and driving items.

Limited-ability differences. Inspection of Table 9 showed that a significantly lower percentage of the ability-limited individuals provided positive assessments on all of the road items except the visibility-of-lines item. While 49.0 per cent of the able individuals agreed the roads were well-maintained, well-lit and had easy-to-read signage, only 43.6 per cent of the ability-limited individuals held the same assessment. However, the differences were even more marked on the roadways clear of obstruction, and the traffic signs items. While 61.6 per cent of the able felt the roadways were clear of visibility obstructions, only 51.5 per cent of the ability-limited agreed – a difference of 10.1 per cent. Even greater difference was evident on the traffic signage item; 78.8 per cent of able individuals and 62.4 per cent of ability-limited agreed – a difference of 16.4 per cent. It would appear that a significantly lower percentage of the ability-limited individuals provided positive assessments of the roads and driving in Saskatoon. It should be noted that the ability-limited individuals for some reason had significantly higher percentage of individuals providing a “not sure” response. Perhaps, fewer of them were actually driving and had evaluative daily contact with the roads.

Conclusion

It would appear there was disagreement among the respondents on whether or not the roads were well-maintained, well-lit and had visible easy-to-read signage, and if the traffic lines on pavement were visible. The majority of respondents believed the roadways were clear of obstructions that block driver's vision, and believed traffic signs and intersections were visible and well-spaced. The vast majority of respondents gave a high degree of centrality of interests to these road and driving items. In general, women appeared to have been significantly less in agreement than the men on the road and driving statements. A significantly lower percentage of the ability-limited than able individuals provided positive assessments of the roads and driving in Saskatoon. It should be noted that the ability-limited individuals, for some reason, had significantly higher percentage of individuals providing a "not sure" response. Perhaps, fewer of them were actually driving and having evaluative daily contact with the roads.

5.3.2.7 Driving Competence

Total sample

Only one survey item was related to driver competence. Participants were asked to respond to the statement "Driver education and refresher courses are promoted for all drivers." As shown in Table 7, 30.1 per cent of the participants did not respond to the item or indicated they were "not sure." Minorities of respondents agreed (42.0%) and disagreed (27.5%) with the statement. Thus, it would appear there was little agreement on whether or not driver education and refresher courses were promoted for all drivers, and there was a low centrality of interest and concern on this item.

Differences – Sex and Limited Ability

Sex differences. No sex difference was revealed by the analysis.

Limited ability differences. As shown in Table 9, a significantly higher percentage of able than ability-limited held that driver education and refresher courses were available (Able 44.4%; Ability-limited 38.6%). This difference in percentages may have been an artifact of the significant difference in the percentage of "not-sure" responses: 27.3 per cent of the able and 35.6 per cent of the ability-limited respondents.

Conclusion

There was little agreement on whether or not driver education and refresher courses were promoted for all drivers, and there was a low centrality of interest and concern. No sex differences were revealed by the analysis. While a significantly higher percentage of able versus ability-limited individuals held that driver education and refresher courses were available, the difference may be mathematical artifact of the higher percentage of ability-limited individuals selecting the "not sure" response.

5.3.2.8 Parking

Total sample

While the following parking statements under Transportation were the same as those provided in the Outdoor Spaces and Building Dimension, the participants were asked to respond here from a driver's perspective:

- Parking lots and street parking are located close to amenities;
- Parking regulations are enforced for emergency zones and disabled parking;
- Drop-off and pick-up areas are available, clearly marked, conveniently located and sufficient in number; and,
- There is a sufficient number of disabled parking spots.

As shown in Table 7, among the respondents, parking spots close to amenities had a high centrality of interest; the availability and convenience of drop-off and pick-up areas had a moderate level of centrality; and, enforcement of parking regulations and sufficiency of disabled parking spots had low levels of centrality. A significant majority agreed that the parking lots and street parking in Saskatoon were located close to amenities (68.6%). While a majority of respondents agreed that the parking regulations were enforced (50.3%), and drop-off areas were conveniently located and in sufficient numbers (54.7%), in both cases a significant minority disagreed (27.9% and 28.8%, respectively). There was disagreement on whether or not Saskatoon had a sufficient number of disabled parking spots (Agree 43.7%; Disagree 31.8%). Thus, there was agreement that the parking lots and street parking in Saskatoon were located close to amenities; agreement but significant disagreement that parking regulations were enforced and drop-off areas were conveniently located and in sufficient number; and disagreement on whether or not Saskatoon had a sufficient number of disabled parking spots.

Differences – Sex and Limited Ability

Sex differences. As shown in Table 8, the only sex difference in responses to the parking items was on the sufficiency in numbers of disabled parking spots. While 57.1 per cent of the males believed there were, only 39.1 per cent of the females shared this belief – a difference of 18.0 per cent. Conversely, more females than males disagreed with the statement.

Limited ability differences. There were major differences between the responses of the able and ability-limited respondents on the parking items. The most marked difference was on the assessments of the sufficiency in numbers of disabled parking spots. While only 27.7 per cent of the ability-limited believed there were a sufficient number of spots, 52.0 per cent of the able individuals believed so – a difference of 24.3 per cent. Conversely, 47.5 per cent of the ability-limited and only 23.2 per cent of the able disagreed. Significantly lower percentages of the ability-limited individuals agreed the parking lots and street parking were located close to amenities and drop-off and pick-up areas were available, clearly marked, conveniently located and sufficient in number. Only on the enforcement of parking regulations was there no differences between the ability groupings. Thus, having ability limitations was related to lower assessments of the adequacy of parking and parking related matters in Saskatoon.

Conclusion

There was agreement that the parking lots and street parking in Saskatoon were located close to amenities; agreement but significant disagreement that parking regulations were enforced and drop-off areas were conveniently located and in sufficient number; and, disagreement on whether or not Saskatoon had a sufficient number of disabled parking spots. The only sex difference in responses to the parking items was on the sufficiency in numbers of disabled parking spots: more females than males disagreed with the statement. Having ability limitations was related to lower assessments of the adequacy of parking and parking related matters in Saskatoon. The most marked difference was on the assessments of the sufficiency in numbers of disabled parking spots; and, significantly lower percentages of the ability-limited individuals agreed the parking lots and street parking were located close to amenities, and drop-off and pick-up areas were available, clearly marked, conveniently located and sufficient in number.

5.3.2.8 Snow Removal

Total sample

Only one item for assessment of snow removal was included in the Age-friendly Saskatoon Survey. The response item stem was “Roads and parking areas are promptly cleared of snow and ice.” This item appears to have had a great deal of sensitivity. As shown in Table 7, there was a high level of centrality of interest and concern on this item. Over 57 per cent of the respondents disagreed with the statement. Only 34.6 per cent felt the snow removal was prompt. This item received the lowest mean response. The vast majority of respondents felt that the clearing of snow and ice from roads and parking areas in Saskatoon was not prompt.

Differences – Sex and Limited Ability

Sex differences. While a higher percentage of males than females agreed that snow removal was prompt (Agree: Males 39.3%; Female 33.0%), there was a congruence in the size of the majority that disagreed with the statement (Disagree: Male 56.0%; Female 59.5%). Thus, while the majority of both sexes disagreed with statement that there was prompt clearance of snow and ice from roads and parking areas, a higher minority of males than females agreed with the statement.

Individual differences. As shown in Table 9, a significantly higher percentage of those with no physical limitations than those with ability-limitations disagreed with the statement on the promptness of snow and ice clearance: 61.6 per cent of the able and 52.5 per cent of the ability-limited responded negatively. The differences in percentages agreeing that the snow and ice removal was prompt did not differ between the groups.

Conclusion

The vast majority of respondents felt that the clearing of snow and ice from roads and parking areas in Saskatoon was not prompt. Among all the items in the survey, this item received the lowest mean response. While the majority of both sexes disagreed with statement that there was prompt clearance of snow and ice from roads and parking areas, a higher minority of males than females agreed with the statement. Unexpectedly, a significantly higher percentage of those with

no physical limitations than those with ability-limitations disagreed with the statement on the promptness of snow and ice clearance: The percentages agreeing that the snow and ice removal was prompt did not differ between the ability groups.

5.3.2.9 Quantitative Analysis - Summary and Conclusions

The following is a compilation of the results of the analysis of the quantitative data derived from the 302 participants' responses to the Transportation statements in the Age-friendly Saskatoon Survey:

Affordability (Public Transportation)

While Public Transportation was not of central interest to the respondents, a near majority believed it to be affordable, convenient, accessible and destination appropriate. However, a significant minority held that public transportation in Saskatoon was not convenient, accessible and affordable and did not allow seniors to reach various destinations to conduct daily activities.' There were no significant differences between the responses of the able and ability-limited participants. However, when responses were classified on the basis of the sex of the respondents, males had a higher level of interest and concern on the Affordability of Public Transportation items, a higher belief that the costs were consistent, accessible and affordable, and held that the public transportation services were convenient, accessible and affordable and allowed seniors to reach various destinations to conduct daily activities.

Reliability and frequency (Public Transportation)

The reliability and frequency of services of public transportation had a low centrality of interest and concern among the respondents. A minority of respondents agreed the public transportation services were reliable and frequent; including nights, week-ends and holidays, but a larger minority disagreed with the statement. Significantly more male than female respondents agreed with the reliability-frequency statement. No differences in responses were uncovered between the able and ability-limited respondents.

Specialized services

There was general agreement that persons with disabilities in Saskatoon were able to access reliable and affordable transportation. Significantly more males than females were in agreement, and more ability-limited than able-bodied respondents responded positively.

Information (Public and Assisted Transportation)

Information about public transportation was not of central interest to the respondents; but, for a minority, there was agreement that public transportation "provides complete and accessible information for users about routes, schedules and special needs facilities." Information about the range of transportation services (public and private) available and whether or not such information promotes public and alternative transportation in the community were not of central interest to the respondents. Slightly higher percentages responded positively than negatively to the information about transportation statements. A comparison of the responses of males and females indicated, females were significantly more negative in their evaluation of the availability of transportation information. A comparison of the response of the able-bodied and ability-limited respondents showed that the ability-limited respondents consistently responded less

favourably to the public transportation information and the information about transportation items. However, in all cases, the levels of interest and concern were low, and only a minority responded positively to the statements.

Community transport

Although the indices of concern were relatively low, the majority of respondents were in agreement with the statements that community transport services were affordable and accessible, and there were shuttle services to transport seniors. The number of respondents in disagreement was low. There were marked differences in the responses to the statement “There is a volunteer and informal network of driver available.” Here, the majority of respondents indicated they were unsure or did not respond. It would appear that a volunteer and informal network of drivers had low centrality and visibility.

While all Community Transportation items had a low index of centrality, significantly higher percentages of males than females responded positively to the statements. No significant difference in responses by the able-bodied and ability-limited respondents were uncovered.

Roads

It would appear there was disagreement among the respondents on whether or not the roads were well-maintained, well-lit and had visible easy-to-read signage, and if the traffic lines on pavement were visible. The majority of respondents believed the roadways were clear of obstructions that block driver’s vision, and traffic signs and intersections were visible and well-spaced. The vast majority of respondents gave a high degree of centrality of interests to these road and driving items. In general, women appeared to have been significantly less in agreement than the men on the road and driving statements. A significantly lower percentage of the ability-limited than able individuals provided positive assessments of the roads and driving in Saskatoon. It should be noted that the ability-limited individuals, for some reason, had significantly higher percentage of individuals providing a “not sure” response. Perhaps, fewer of them were actually driving and having evaluative daily contact with the roads.

Driving competence

There was little agreement on whether or not driver education and refresher courses were promoted for all drivers, and there was a low centrality of interest and concern. No sex differences were revealed by the analysis. While a significantly higher percentage of able versus ability-limited individuals held that driver education and refresher courses were available, the difference may be a mathematical artifact of the higher percentage of ability-limited individuals selecting the “not sure” response.

Parking

There was agreement that the parking lots and street parking in Saskatoon were located close to amenities; agreement but significant disagreement that parking regulations were enforced and drop-off areas were conveniently located and in sufficient number; and, disagreement on whether or not Saskatoon had a sufficient number of disabled parking spots. The only sex difference in responses to the parking items was on the sufficiency in numbers of disabled parking spots: more females than males disagreed with the statement. Having ability limitations was related to lower assessments of the adequacy of parking and parking related matters in Saskatoon. The most

marked difference was on the assessments of the sufficiency in numbers of disabled parking spots. A significantly lower percentages of the ability-limited individuals agreed the parking lots and street parking were located close to amenities, and that drop-off and pick-up areas were available, clearly marked, conveniently located and sufficient in number.

Snow removal

The vast majority of respondents felt that the clearing of snow and ice from roads and parking areas in Saskatoon was not prompt. Among all the items in the survey, this item received the lowest mean response. While the majority of both sexes disagreed with the statement that there was prompt clearance of snow and ice from roads and parking areas, a higher minority of males than females agreed with the statement. Unexpectedly, a significantly higher percentage of those with no physical limitations than those with ability-limitations disagreed with the statement: The differences in percentages agreeing that the snow and ice removal was prompt did not differ between the ability groups.

Note: The topics on the checklist not addressed by the Age-friendly Saskatoon Survey were Travel Destinations, Age-friendly Vehicles; Priority Seating; Transport Drivers; Safety and Comfort; Transportation Stops and Stations; and, Taxis. .

5.3.3 SUMMARY OF RESULTS: TRANSPORTATION

Public transportation

Only 15.3% of survey respondents indicated public transportation was applicable to them and only a few focus group participants said they used it. The majority in both groups considered it affordable and reliable. A significant minority of survey respondents believe public transportation is not “convenient, accessible, affordable and destination appropriate.” This opinion was supported by focus group participants in comments about its reduced availability evenings, weekends and holidays, the inaccessibility of some bus stops in winter, the long distances between bus stops and hospital and mall entrances, and a need for more shelters and improvements at existing shelters. Both groups mentioned safety concerns navigating bus stops at unpaved boulevards, using buses after dark because of dark streets, and when buses start before older passengers are seated.

Suggestions:

- Fees for seniors’ bus passes be reduced like those in Calgary
- Bus stops be made more age-friendly with hard surfaces, seating, good lighting, more well maintained shelters and clear posting of route information
- Relocating bus stops at hospitals and malls closer to entrances
- Priority given to removal of ice and snow at bus stops
- Program initiated to teach seniors to use the bus system
- The groups indicated that age-sensitivity training should be a requirement for bus drivers and city employees. The training could also include sensitivity on disability issues. The promotion of a “choose cheerfulness” campaign for transit and city staff would convey the message that their attitude toward patrons sets the tone for patrons’ experiences with services.

Specialized Services

The majority of both groups believed specialized services providing assisted transportation in Saskatoon were affordable and reliable. Importantly, a higher percentage of survey respondents who identified themselves as having a disability agreed than able-bodied respondents. Focus group participants commented positively on the Access bus and the new regular buses that accommodate persons in wheelchairs and with walkers but also stated the latter did not offset difficulties accessing buses across snow banks and ice. Most negative comments focused on the inability of the Access bus program to meet all demands for service and on the high cost of wheelchair taxis

Suggestions:

- Access bus be expanded both within Saskatoon and to Greater Saskatoon communities
- A new service for seniors and others who do not meet the criteria for the Access bus but who require some assistance with transportation.

Information (Public Transportation and Assisted Transportation)

Only a minority of survey respondents agreed complete and accessible information is provided on public and assisted transportation. Women and those with limited abilities were especially

negative in their evaluation of information about transportation. Focus group participants stated lack of knowledge about public transportation and fear of trying deterred them from using City buses. They did not know how to find information about eligibility for assisted transportation. They commented positively on the availability of scheduling information online but negatively on the complexity of information on the website and print materials and lack of age-friendliness and information about relevant routes at bus stops.

Suggestions:

- The Transit website and brochures be made more age-friendly and that information about relevant routes be posted at bus stops.

Community Transportation

Though most survey respondents believed community transport services and shuttle services are available, affordable and accessible, focus group participants commented on the lack of such transportation for seniors in Saskatoon and the critical need for it especially in specific areas where there are no grocery stores. Both groups were uncertain about the availability of volunteer networks of drivers. The few comments in focus groups were mostly made by participants who were volunteer drivers to hospitals and clinics and from a Greater Saskatoon community presently without volunteer drivers.

Suggestions:

- A shuttle service in these areas and cited the Co-op bus service as a model. They also suggested a shuttle service, a “park’n’go,” from malls to hospitals where parking and walking distances presented challenges

Driving Competence

Promotion of driver education and refresher courses was not of major interest to either survey respondents or focus group participants although the latter encouraged seniors to take advantage of the 55 Alive Course.

Roads

Road conditions and their effects on drivers and pedestrians were of high interest to both survey respondents and focus group participants. Assessments of road and driving conditions by both groups were mixed. Most survey respondents gave positive assessments of the visibility of traffic signs and intersections and the lack of obstructions on roadways but negative assessments of visibility of traffic lines on pavement and the promptness of snow clearing. Almost equal numbers were satisfied with the maintenance and lighting of roads and signage as those that were not. The overwhelmingly negative evaluation of the promptness of snow clearing, over 57 per cent, was reflected in focus groups where winter road conditions, the City’s management of them and their negative effects on seniors dominated discussion of the age-friendliness of Saskatoon’s roads. The plowing of downtown streets and signage on 8th St. received positive comments. The importance to senior drivers of snow clearance on sidewalks as well as streets emerged as an important theme with mainly negative reports of recent experiences. Focus group participants noted problems with snow clearance in areas other than downtown, road maintenance in mature areas, lighting and signage and with bikers on roads and walking paths.

Suggestions:

- Improvements in these areas and in snow clearance on streets and sidewalks and recommended bikers have separate paths from pedestrians.

Parking

Parking was a major interest of both survey respondents and focus group participants. Important issues included location of parking lots and spots, proximity to amenities, drop-off areas, enforcement and snow clearance. Parking related themes that emerged in focus groups included the inadequacy of parking in key areas such as downtown, at hospitals and congregate housing, the negative effects of the City's snow clearing practices on the accessibility of both parking spots and sidewalks, the high costs of parking fees especially at hospitals and downtown, the need for longer parking times for doctors' appointments and events, and the poor visibility of parking fees displayed on parking meters.

Suggestions:

- A park'n'go shuttle service from malls to hospitals and downtown
- Underground parking downtown
- Longer maximum parking at downtown parking spots, less expensive parking downtown and at hospitals
- Better drop-off spots at hospitals.

While over half of able-bodied survey respondents believed there were adequate numbers of handicapped parking spots, almost half of respondents with limited abilities disagreed. Focus group participants appreciated that costs of handicapped parking are the same as regular parking but stated there are not enough spots in downtown Saskatoon. Concerns were raised about some locations in particular the inadequate space for drivers to manoeuvre a wheelchair and help the passenger into it and onto the sidewalk, and the negative effects of winter conditions on parking for disabled people.

Suggestions:

- The need for a new category of courtesy parking spots was identified for frail persons of all ages who for a variety of reasons are unable to walk several blocks from parking spot to destination
- The creation of more handicapped parking spots downtown, a dialogue begun between people with limited abilities and businesses and a program of courtesy spots for frail persons be implemented

5.4 DIMENSION 3: *HOUSING*

5.4.0 Dimension Framework: Housing

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Housing*:

Housing is essential to safety and well-being. Not surprisingly, people consulted by WHO in all regions have much to say on different aspects of housing structure, design, location and choice. There is a link between appropriate housing and access to community and social services in influencing the independence and quality of life of older people. It is clear that housing and support that allow older people to age comfortably and safely within the community to which they belong are universally valued. (WHO Global Age-Friendly Cities Guide, p. 30)

Among these characteristics were the following:

(pp. 12-17)

2. Affordability
3. Design
4. Modifications
5. Maintenance
6. Ageing in place

7. Community integration
8. Housing options
9. Living environment

5.4.1 Qualitative Results: Focus Groups

5.4.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon's *Housing* from the focus group participants the following specific orientation questions were posed:

Transportation

Is where you live convenient for your needs and what you want to do? If your needs change what are your choices for housing in the community?

Consider –

- A choice of affordable options either for sale or rent
- Do the choices include independent living, assisted living (meals, cleaning, social activity), subsidized housing
- Long-term care-are there choices so family is close by
- If you want to stay where you are, are supports available like help with maintain your home
- Do you feel safe in your home

(“2.4 Age-Friendly Manitoba Community Discussion Suggestions,” Age Friendly Manitoba)

5.4.1.1.2 Affordability

WHO Descriptor. Affordable housing is available for all older people

Observations

Saskatoon was described as a city with many senior housing options available however it was also identified as having limited options for seniors who are constrained by finances. Therefore, the need for tax deferrals, tax abatement, and more subsidized housing were identified by numerous participants as a viable option to relieve financial pressures for seniors. Present day housing cost, both rental and private was cited as unaffordable. Some participants stated not being able to afford the tax payments on their own home. Participant identified “a quiet fear” amongst seniors of rental increases and the implication this had on their ability to afford their homes. Several participants noted more limitations for seniors who fall within the low-income bracket and cannot afford the present day housing costs of renting or private care homes and the added expenses of utilities. While Saskatoon Housing Authority provides good housing options for seniors and families who have low incomes, it was commonly acknowledged that there was not enough subsidized housing for those who require it.

Positive Comments

- There is some subsidized low-income housing available specifically for aboriginal seniors through organizations such as Cress Housing

- The SHA provides good housing for seniors and families who have low incomes, they maintain the properties well and try to provide a welcoming environment with some services for those whose abilities are starting to decline

Negative Comments

- The cost of housing and renting is an issue; there has been an increase in both without an increase in pension. Affordability of rental housing is a major issue even for seniors with professional pensions who find rent increases outstripping their pensions
- There is a quiet fear amongst seniors of rental increases which in turn affects their food and medication budget negatively
- There is a shortage of rental properties specifically subsidized senior housing; even affordable housing is not affordable for some
- There are seniors who fall in between, those that do not qualify for subsidized housing but cannot afford to pay for private care
- Insurance, taxes, and utilities costs are too high (and increasing)
- Most families lack financial resources to assist seniors with cost of assisted living or personal care homes
- There is a lack of policies for tax deferrals and abatements for low income seniors
- Seniors with low incomes cannot afford assisted living facilities that are subsidized but even more so personal care homes
- Seniors who are raising grandchildren have an extra expense and are often overlooked

Suggestions

- There needs to be an (financial) incentive for seniors to stay within their own homes
- We need to allow for “granny flats” as it is an affordable means for seniors to retain independence
- Tax configuration is needed for Saskatoon
- The City should act on SCOA’s proposal for tax deferrals and abatement for low- income seniors
- Saskatoon Housing Authority needs to re-examine the assessment criteria for low-income seniors with consideration given to assets of applicants
- Housing subsidy should be given directly to individuals (rather than developers and other private sector enterprises). In Denmark and Germany one receives services on basis of need and not where one lives. Instead of special care homes, individuals get monies to get services---individual vs. organizational funding
- There is a need in Saskatoon for more subsidized housing for low income seniors. There is a need for a cap on rental increases and for Saskatoon to adopt a system of rental increase guidelines
- There should be pension increments given at 70 and 80 to ensure that present lifestyles for seniors are affordable

5.4.1.1.3 Essential Services

WHO Descriptor. *Essential services are provided that are affordable to all.*

Observations

Focus group participants cited the importance of essential services such as home care both offered by Saskatoon Health Region (SHR) and private agencies. This was mentioned as a key factor in maintaining independence. However the issue of affordability was identified as a major barrier in receiving home care outside of the SHR. Focus Group participants identified that the limited hours and services of SHR Home Care staff created difficulty to maintain homes. Furthermore it was viewed as a minimal service for the needs of Saskatoon's seniors. Participants acknowledged that similar services to SHR Home Care are provided by private agencies but noted they were expensive and dependent on whether one could afford to purchase private services.

Positive Comments

- Services for inside home maintenance is available if eligible through SHR Home Care

Negative Comments

- SHR Home care service is minimal and private services are dependent on whether or not you can purchase them
- Home care services exist through the private sector but are very costly

Suggestions

- Saskatchewan should provide more funds to be allocated towards Home Care earmarked not for hospital replacement but for helping seniors and disabled persons to remain in their own homes

5.4.1.1.4 Design

WHO Descriptor. Housing is made of appropriate materials and well-structured. There is sufficient space to enable older people to move around freely. Housing is appropriately equipped to meet environmental conditions (e.g. appropriate air-condition or heating).

Observations

Present day housing was perceived as restrictive to seniors who require wheelchair friendly living accommodations or who may have other disabilities. Houses were perceived as not designed to accommodate people with disabilities; there may or may not be railings on stairs or doors are too narrow. In addition, it was identified that housing for seniors has been improperly designed with long hallways that are too difficult to get down. Proximity was identified as needed. Participants identified "wheelchair friendly" apartments without proper modifications, with the bathroom doors inaccessible, ¾ rise at doorways, thermostats and other controls positioned at inaccessible height, and bathroom features caused difficulty and danger.

Positive Comments

No Comments

Negative Comments

- Most present day housing is not wheelchair accessible because of stairs, narrow doors, and inaccessible toilet and bathing facilities
- Wheelchair friendly apartment are often not wheelchair accessible/friendly
- Seniors Condos are "warehouses" for people

- A participant described the repulsion of having to live in seniors housing as she saw them as, “tiny cubbyholes” “mice boxes” “on either side of a narrow corridor with tiny and inadequate kitchens”

Suggestions

- It was identified that education is a key factor in creating age-friendly housing. Architects, builders, and the general public need education on housing that is accessible for all. There needs to be better design of seniors’ housing and private homes
- It should be made mandatory that housing designed for seniors be wheelchair accessible with wide doorways, hallways, and wheelchair and walker accessible bathrooms
- Condos and apartments advertising themselves as seniors’ housing should be required to meet certain specified standards and contain specified features.
- City buildings regulation should include handrails
- Families and seniors are encouraged to be pre-emptive for senior family member’s eventual need for accessible housing with care components.

Items in Checklist not mentioned in focus groups

- Housing is made of appropriate materials and well-structured
- Housing is appropriately equipped to meet environmental conditions

5.4.1.1.5 Modifications

WHO Descriptor. Housing is modified for older people as needed. Housing modifications are affordable. Equipment for housing modifications is readily available. Financial assistance is provided for home modifications. There is good understanding of how housing can be modified to meet the needs of older people.

Observations

It was identified that information on grants for home modification to accommodate disabilities and for seniors should be readily available, accessible, and affordable. Participants cited that without the ability to afford home modifications, seniors identified the fears of falling ill or having age related problems (knee surgery, arthritis, hard-of-hearing). Participants identified that it made living in the home not only difficult but dangerous, as without proper modifications one cannot easily vacate the premise during emergencies.

Positive Comments

- It was noted that Saskatchewan Abilities Council made available poles and other equipment that enable older adults to access tubs, showers, toilets more safely.

Negative Comments

- Renovations are expensive and sometimes be prohibitive
- A specific focus group participant suggested that she required modification to her residence but could not afford to do so post knee surgery. She was aware of the danger this posed during emergencies as she would not be able to vacate her home. However,

moving is not possible as housing options are not affordable or suitable for her and her extended family she cares for.

- Seniors who are hard of hearing / deaf need extensive amount of money for altering devices that modify the home to be safe

Suggestions

- The SaskTel Phonebook Yellow Pages should have a reader friendly section on maintenance, support, and caregiver services identified.
- Participants identified that there is a need for a central location where information is dispersed. Information on grants available for home modification grants needs to be available.
- Saskatchewan should follow Alberta's example from previous years, this campaign included programs and grants for modification and maintenance to assist seniors to remain within their own homes.

Items in Checklist not mentioned in focus groups

- Housing is modified for older people as needed
- There is a good understanding of how housing can be modified to meet the needs of older people

5.4.1.1.6 Maintenance

WHO Descriptor: Maintenance services are affordable for older people. There are appropriately qualified and reliable service providers to undertake maintenance work. Public housing, rented accommodation and common areas are well-maintained.

Observations

Maintenance of present day housing was identified as expensive and prohibitive. Affordability was cited as a key factor in maintenance, similar to private home care, home maintenance is dependent on affordability; "handymen" are costly expenditures, particularly for those on fixed incomes. Participants identified that services to maintenance homes are readily available in the private sector however at a high cost.

Positive Comment:

No Comments

Negative comments:

- Difficult to get a "handyman" (Maintenance man) and it is costly
- The City does not have housing inspection for rental properties to ensure they meet specific standards
- Facilities for seniors who live independently other than meals and light housekeeping are not registered, licenses or inspected and there are no rules for training staff
- There are horrible conditions for rent when on social services (approved homes- need to revamp ways of funding housing)

- Challenge for long-term facilities that haven't had much maintenance and need refurbishment

Suggestions:

[Refer to services needed for essential services]

Items in Checklist not mentioned in focus groups:

- There are appropriately qualified and reliable service providers to undertake maintenance work

5.4.1.1.7 Aging in Place

WHO Descriptor. Housing is located close to serviced and facilities. Affordable services are provided to enable older people to remain in home, to “age in place”. Older people are well-informed of services available to help them age in place.

Observations

Those that lived in private home identified that there was ample assistance provided to stay in own home. However, it was noted that assistance was only provided at cost. Participant identified that there is no real initiative in Saskatoon to help assist seniors in remaining within their own home. “Lip Service” is paid to the principle of enabling seniors to remain within their own homes.

Positive Comments

No Comments

Negative Comments

- Seniors are not aware of the services available to them, the information is difficult to locate---seniors are not informed/unaware of where to voice concerns about housings
- Many seniors housing and or private housing are not close to stores; there is a lack of grocery stores within the downtown area

Suggestions

- There needs to be an evaluation of factors that enable seniors to remain independent and which can also allow them to remain within their own home. The ability to “condoize” a private residence would allow a person to remain in his/her own home longer. There needs to be more grocery stores located throughout Saskatoon, specifically within downtown area.

5.4.1.1.8 Community Integration

WHO Descriptor. Housing design facilitates continued integration of older people into the community.

Observation

Seniors' condos and living facilities were viewed by some as isolated from others in Saskatoon and from each other.

Positive Comments:

No Comments

Negative Comments

- Seniors in Saskatoon have been placed into a specific area with the building of seniors' condos all within the Market Mall area. This planning essentially "ghettoizes" seniors to each other and to one area

Suggestions :

- The province and city should adopt a senior's " Bill of Rights" to protect and integrate seniors in our community

5.4.1.1.9 Housing Options

WHO Descriptor. A range of appropriate and affordable housing options is available for older people, including frail and disabled older people, in the local area. Older people are well-informed of the available housing options. Sufficient and affordable housing dedicated to older people is provided in the local area. There is a range of appropriate services and appropriate amenities and activities in older people's housing facilities. Older people's housing is integrated in the surrounding community.

Observation

Participants identified that all seniors should have equal access to housing options. It was cited that there is a need for diverse housing options for seniors specifically more affordable housing was identified as a necessity. A new approach is needed in Saskatoon for housing options

Positive Comments

No Comments

Negative Comments

- Lack of affordable housing for low-income seniors, what is affordable is deplorable
- While Saskatoon Housing Authority (SHA) provides good housing options with a welcoming environment for seniors who are low income, it was identified that seniors with low incomes cannot afford assisted living facilities that are subsidized, personal care homes are even more inaccessible to low income seniors. The cost of living in one's own home is too expensive but the cost affiliated with moving to assisted living is even more expensive.
- Long waiting list for Elim Lodge, Oliver Lodge, and other care facilities
- Housing available to "senior seniors" especially those in declining health is "appalling"
- Many of the housing provided for seniors are for those who are healthy and able bodied. Seniors who become ill or have declining health are limited in housing options available. Housing complexes that provide services evict seniors whose health declines and require more care. Housing options are mostly inaccessible to those who fall into the category of requiring care
- Unlike other cities in Canada and U.S. Saskatoon does not offer property tax incentives to assist low seniors to remain in their home
- Saskatoon has silos versus the continuum of living facilities
- There is no central access to enriched housing/retirement living facilities in Saskatoon

- There are limited accommodations for pet owners, for many seniors pets are often an extension of the family so having to give up their pets makes moving a hard transition.
- Options for grandparents raising grandchildren are not incorporated for most housing options

Suggestions

- Seniors should be encouraged through incentives to stay in their existing homes
- While facilities such as Oliver Lodge/Place, Luther Special Care/ Tower, and St. Ann's can provide limited number of couples close access to each other; a hierarchy of facilities is needed as level of care changes to keep couples together. Saskatoon has silos instead of a continuum of living facilities
- There should be (more) development of Seniors housing co-ops
- A contentious issue identified is the limited availability or lack of long-term care facilities; this was viewed as problematic in Saskatoon as these seniors have no viable option but to occupy hospital beds. There needs to be more long-term care facilities
- A study should be conducted of the social costs and inefficiencies of policies and practices that do not support older couples living together when one requires assistance but in effect forces them to split up. These factors should be considered when planning for senior's housing, health, and social care
- Provide housing subsidies directly to individuals rather than developers and other private sector enterprises. In countries such as Denmark and Germany, people receive services on basis of need and not where they live so receive monies to get services required versus organizational funding. In Saskatoon without direct subsidies there is a quite fear amongst seniors of rental increases which will affect their ability to afford other necessities such as food and medication
- Long-term Care Facilities staff need training on cultural sensitivity to properly work with seniors and their families from various backgrounds
- There is a need for a hierarchy of facilities, a continuum of care, to ensure couples are not separated to safeguard seniors
- Housing inspection for rental properties should meet specific standards set by the City
- Housing facilities for seniors, independent or assisted living should be registered, regulated, and inspected. In these facilities there should be mandatory requirements for all staff to take training on working with older adults. Mandatory regulations should be set with features that public buildings should have such as handrails. Similarly condos and apartments advertising themselves as specifically for seniors should be required to meet certain specified standards and contain specified age-friendly features
- There needs to be an appropriate and central location to access information on housing. Transition between housing or accessing information on housing options is difficult without such a service. For Aboriginal seniors interpreters and assistance in learning about housing processes and options are needed.
- Garage and grannie suites need to be permitted to ensure diversity of housing and affordable housing options in Saskatoon

5.4.1.1.10 Living Environment

WHO Descriptors. Housing is not overcrowded. Older people are comfortable in their housing environment. Housing is not located in areas prone to natural disasters. Older people feel safe in the environment they live in. Financial assistance is provided for housing security measures.

Observations.

Generally people felt safe and secure within their present day housing. Enjoyment was largely derived from being able to stay within their homes and having the ability to decide their own lifestyle. Due to decline in health, participants were apprehensive about moving into seniors' housing mainly because of expectations such as eating certain meals in the communal dining room. Such requirements are seen as a lack of respect for reclusive lifestyle

Positive Comments

- Most participants living in their homes felt safe and secure

Negative Comments

- Some participants did not feel comfortable with how their lives would change as needs and level of care changed

Items in Checklist not mentioned in focus groups

- Housing is not over crowded
- Housing is not located in areas prone to natural disasters
- Financial assistance is provided for housing security measures

5.4.1.2 Focus Group Results: Comments and Issues

Affordability was cited by participants as the main limitation for housing options, receiving essential services, maintaining the home and renovating/modifying design of homes to adapt to needs of seniors. It was perceived as vital for seniors to age-in-place and to enjoy living in their own environment.

Focus group participants noted that the increase in housing cost caused difficulty for senior's in all facets of their life. Essential Services and Maintenance was noted as greatly affected by affordability. Although participants stated that essential services were provided through Saskatoon Health Region (SHR) and Home Care (if eligible), they also identified many shortcomings, primarily surrounding hours available of Home Care Staff. While it was noted that many private agencies provided such services, the cost of such services was cited as unaffordable by many participants.

Design and Home Modification were other themes mentioned by participants as being directly affected by one's ability to afford affiliated costs. Many participants discussed inadequate home design/ layout but noted that the reality of home modification was dependent on the ability to afford the cost and for many seniors home modification was perceived as financially not feasible.

Lastly, participants discussed the opportunity to age-in-place, the quality of their living environment, and the integration of seniors' housing within the community. Overall, participants

stated general satisfaction of their present living environment, they felt both safe and secure but identified that there was a general lack of services and amenities close to housings that enable seniors to age in their own home. Furthermore, participants noted the location of many seniors housing as being distant and disintegrated from the rest of Saskatoon.

5.3.3 Quantitative Results: Surveys

As a result of the item sampling, on the *Age-friendly housing checklist*, only the following aspects were addressed: (1) Design; (2) Modifications; (3) Maintenance; (4) Aging in Place; (5) Housing Options; and, (6) Living Environment. The Affordability theme was addressed under the topics of Maintenance, Modifications and Aging in Place. The topics not addressed were: (1) Essential Services and (2) Community Integration.

The percentages and means of the survey samples responses to the Housing section of the Age-friendly Saskatoon Survey have been presented in Table 10. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents so it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondent have an ability limitation, similar results have been presented in Tables 11 and 12, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.3.3.1 Design

Total sample

Only the following item statement stems addressed the Design theme of the Housing Dimension:

- Interior spaces and level surfaces that allow freedom of movement in all rooms and passageways; and,
- “Alert systems” for seniors living alone to call when help is needed.

As shown in Table 10, in response to the interior design item, 87.4 per cent of the respondents agreed that the interior design of their homes allowed for freedom of movement in all rooms and passageways. Only 6.9 per cent disagreed. The index of centrality of 5.6 per cent clearly

indicates the matter of interior space accommodation was of high interest and concern. On the “alert systems” statement, a majority of 56.6

Total 10
Survey Results: 3. Housing – Total Sample

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
Housing <i>Is your housing conveniently located to meet your needs and what you want to do?</i>						
Aging in Place						
Housing located close to services	16.9	3.3	13.9	56.3	9.6	2.9
Affordable supports available to enable seniors to remain at home	29.1	4.3	17.2	42.1	7.3	2.7
Assisted living options available	25.8	3.0	12.3	50.7	8.3	2.9
“Alert systems” for seniors living alone to call when help is needed	27.8	3.3	12.3	46.0	10.6	2.9
Total Component						2.8
Comfort and Safety <i>Tell us about your HOME, is it comfortable and safe?</i>						
Interior spaces and level surfaces that allow freedom of movement in all rooms and passageways	5.6	1.3	5.6	64.2	23.2	3.2
Public and commercial rental housing that are clean, well-maintained and safe	42.4	2.3	9.3	38.7	7.3	2.9
Alarmed or secure entry	15.2	2.3	10.3	57.3	14.9	3.0
Total Component						3.0
Maintenance and Modifications <i>Are you able to maintain and modify your home as needed?</i>						
Affordable general maintenance of homes, especially for seniors on fixed incomes	31.1	4.6	24.5	34.1	5.6	2.6
Affordable or free general maintenance available, e.g. yard work	33.1	4.3	22.5	34.4	5.6	2.6
Affordable home insurance	24.5	2.3	16.2	51.7	5.3	2.8
Readily available and easy to find information on financial assistance programs for home modifications	51.7	4.3	20.9	21.2	2.0	2.4

**Table 10 (Cont.)
Survey Results: 3. Housing – Total Sample**

Dimension/ Item	% NR/ Not-sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
Maintenance and Modifications (Cont.)						
Affordable and available home modification options and supplies	49.7	3.0	21.2	24.2	2.0	2.5
Affordable providers of home maintenance and modifications that understand the needs of seniors	49.3	5.3	22.5	19.5	3.3	2.4
Total Component						2.6
Long-Term Care						
Affordable long-term care options available that prevent the separation of families and the need to move out of the community	33.4	15.2	28.5	18.9	4.0	2.2
Housing Options <i>If your needs change, what are your choices for housing in the community?</i>						
A range of appropriate and affordable housing options like independent living, assisted living, apartments, condos, and individual homes for seniors on fixed income	22.2	10.9	25.5	36.1	5.3	2.5
Availability of subsidized housing	35.8	11.6	28.2	20.9	3.6	2.3
Housing adapted for seniors and those with disabilities; e.g. wheelchair accessible	32.5	7.6	20.9	32.5	6.6	2.6
Total Component						2.4
TOTAL DIMENSION						<u>2.67</u>

per cent agreed and a minority of 15.6 per cent disagreed. However, the 27.8 per cent of respondents choosing the “not sure” response or chose not to respond indicated this safety measure had a low index of centrality of interest or concern. From these responses, it can be concluded that the majority of respondents agreed that their home had the design features of interior spaces and level surfaces that allowed for freedom of movement in all rooms and passageways, and has an “alert system” for seniors living alone to call for help when needed.

Sex differences – Sex and Limited Ability

Sex differences. As shown in Table 11, there were not significant differences between the responses of males and females on the Design items of the Housing Dimension.

Limited ability differences. There were no significant differences in the responses to the assessment of the availability of “alert systems” and the accommodation design of their homes items between the ability-limited and able-bodied individuals. As shown in Table 12, a high

majority of both the able-bodied and ability-limited individuals agreed that the design of the interior spaces of their homes allowed for free movement in all rooms and spaces, and a smaller majority agreed that an “alert system” was available.

Conclusion

The majority of respondents agreed their homes had the design features of interior spaces and level surfaces that allowed for freedom of movement in all rooms and passageways, and had an “alert system” for seniors living alone to call for help when needed. There were not significant differences between the responses of males and females, and between the responses of the ability-limited and able-bodied on the design items of interior space accommodation of their home and the availability of an “alert system.” The majority of respondents in all categories agreed with the age-friendly home design statements.

5.3.3.2 Modifications

Total sample

The following items addressed the Modification theme of the Housing Dimension:

- Readily available and easy to find information on financial assistance programs for home modifications;
- Affordable and available home modification options and supplies; and,
- Affordable providers of home maintenance and modifications that understand the needs of seniors.

As shown in Table 10, home modification had a very low index of centrality: the information on financial assistance, affordability and availability, and affordable and understanding providers items received NR/Not-sure percentage response of 51.7 per cent, 49.7 per cent, and 49.3 per cent, respectively. In each case, about one quarter of the respondents agreed with the statement and one quarter disagreed. It would appear that housing modification was of low general interest and concern and perhaps pertained to the circumstances of a specific minority of seniors.

Differences – Sex and Limited Ability

Sex differences. As shown in Table 11, there appeared to be a low level of centrality assigned to the housing modification theme among the respondents, but significantly higher percentages of males than females responded positively to the statements – in multiples of nearly two and three times the agreement rates. Among the

Table 11
Survey Results: 3. Housing: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Housing <i>Is your housing conveniently located to meet your needs and what you want to do</i>						
Aging in Place						
Housing located close to services	71.4	15.5	13.1	63.7	17.7	18.6
Affordable supports available to enable seniors to remain at home	50.0	26.2	23.8	48.4	30.7	20.9
Assisted living options available	70.2	16.7	13.1	54.9	29.3	15.8
“Alert systems” for seniors living alone to call when help is needed	54.8	33.3	11.9	57.2	26.1	16.7
Comfort and Safety <i>Tell us about your HOME, is it comfortable and safe?</i>						
Interior spaces and level surfaces that allow freedom of movement in all rooms and passageways	85.7	4.8	9.5	88.4	5.6	6.1
Public and commercial rental housing that are clean, well-maintained and safe	38.1	52.4	9.5	48.4	39.1	12.6
Alarmed or secure entry	71.4	14.3	14.3	72.6	15.8	11.6
Maintenance and Modifications <i>Are you able to maintain and modify your home as needed?</i>						
Affordable general maintenance of homes, especially for seniors on fixed incomes	46.4	23.8	29.8	36.7	34.0	29.3
Affordable or free general maintenance available, e.g. yard work	44.1	25.0	31.0	39.1	35.8	25.1
Affordable home insurance	61.9	20.2	17.9	55.4	26.1	18.6

Table 11 (Cont.)
Survey Results: 3. Housing: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Maintenance and Modifications (Cont.)						
Readily available and easy to find information on financial assistance programs for home modifications	40.5	40.5	19.1	16.7	55.8	27.4
Affordable and available home modification options and supplies	44.1	35.7	20.2	19.5	54.9	25.6
Affordable providers of home maintenance and modifications that understand the needs of seniors	32.1	41.7	26.2	19.5	52.1	28.4
Long-Term Care						
Affordable long-term care options available that prevent the separation of families and the need to move out of the community	31.0	31.0	38.1	20.0	34.4	45.6
Housing Options <i>If your needs change, what are your choices for housing in the community?</i>						
A range of appropriate and affordable housing options like independent living, assisted living, apartments, condos, and individual homes for seniors on fixed income	47.6	21.4	31.0	39.1	21.9	39.1
Availability of subsidized housing	26.2	38.1	35.7	23.7	34.8	41.4
Housing adapted for seniors and those with disabilities; e.g. wheelchair accessible	47.6	32.1	20.2	34.9	33.0	32.1

Table 12
Survey Results: 3. Housing: Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Housing <i>Is your housing conveniently located to meet your needs and what you want to do</i>						
Aging in Place						
Housing located close to services	58.4	24.8	16.8	69.7	13.1	17.2
Affordable supports available to enable seniors to remain at home	44.6	34.7	20.8	51.0	26.8	22.0
Assisted living options available	54.5	27.7	17.8	61.6	24.8	13.6
“Alert systems” for seniors living alone to call when help is needed	55.5	28.7	15.8	57.1	27.8	15.2
Comfort and Safety <i>Tell us about your HOME, is it comfortable and safe?</i>						
Interior spaces and level surfaces that allow freedom of movement in all rooms and passageways	83.2	12.9	4.0	89.4	2.2	8.5
Public and commercial rental housing that are clean, well-maintained and safe	50.5	41.6	7.9	43.4	42.9	13.6
Alarmed or secure entry	70.3	19.8	9.9	73.2	13.1	13.6
Maintenance and Modifications <i>Are you able to maintain and modify your home as needed?</i>						
Affordable general maintenance of homes, especially for seniors on fixed incomes	39.6	35.6	24.8	39.4	28.8	31.8
Affordable or free general maintenance available, e.g. yard work	40.6	37.6	21.8	40.4	30.3	29.3
Affordable home insurance	52.5	34.7	12.9	60.1	18.7	21.2

Table 12 (Cont.)
Survey Results: 3. Housing: Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Maintenance and Modifications (Cont.)						
Readily available and easy to find information on financial assistance programs for home modifications	17.8	57.4	24.8	26.3	48.5	25.3
Affordable and available home modification options and supplies	24.8	51.5	23.8	27.3	48.5	24.2
Affordable providers of home maintenance and modifications that understand the needs of seniors	24.8	46.5	28.7	22.2	50.5	27.3
Long-Term Care						
Affordable long-term care options available that prevent the separation of families and the need to move out of the community	23.8	39.8	36.6	22.7	30.3	47.0
Housing Options <i>If your needs change, what are your choices for housing in the community?</i>						
A range of appropriate and affordable housing options like independent living, assisted living, apartments, condos, and individual homes for seniors on fixed income	35.6	29.7	34.7	44.4	18.2	37.4
Availability of subsidized housing	22.8	40.6	36.6	25.3	33.3	41.4
Housing adapted for seniors and those with disabilities; e.g. wheelchair accessible	39.6	33.7	26.7	38.4	31.8	29.8

5.3.3.2 Modifications (Cont.)

items, there appeared to be only minor differences in the agreement rate except on the affordable and understanding provider item where only 32.1 per cent of the males agreed with the statement.

Limited ability differences. Again, while both the ability-limited and able-bodied respondents gave housing modification a very low level of centrality of interest and concern, as shown in

Table 12, there were no differences between the groups in their positive and negative assessment rates – on all items about one quarter agreed and a quarter disagreed.

Conclusion

On the home modification items of information on financial assistance, affordability and availability of modification options and supplies, and affordable and understanding providers, the respondents assigned a very low index of centrality. It would appear housing modification was of low general interest and concern and perhaps pertained to the circumstances of only a specific minority of seniors. When the responses of males and females were compared, there appeared to be a low level of centrality assigned to the housing modification theme among the respondents, but significantly higher percentages of males than females responded positively to the statements. Again, when the responses of the ability-limited and able-bodied individuals were compared, both the ability-limited and able-bodied respondents gave housing modification a very low level of centrality of interest and concern and there were no differences between the groups in their positive and negative assessment rates.

5.3.3.3 Maintenance

Total sample

The following items addressed the Maintenance theme of the Housing Dimension:

- Affordable general maintenance of homes, especially for seniors on fixed income;
- Affordable or free general maintenance available, e.g. yard work; and,
- Affordable home insurance.

The respondents assigned a low index of centrality to the maintenance theme of the Housing Dimension. While a majority (57.0%) of the respondents agreed affordable home insurance was available, only minorities of respondents agreed on the availability of affordable general maintenance of homes (39.7%), and on the availability of affordable or free general outdoor maintenance (40.0%). Significant minorities disagreed with the availability of general maintenance and outdoor maintenance services (29.1% and 26.8%, respectively). Only 18.5 per cent of the respondents indicated affordable home insurance was not available. Thus, the issues of home and yard maintenance were not of central concern among this group of seniors. The respondents believed they had affordable home insurance. Among a minority of seniors, there were mixed concerns about the availability of general home and yard maintenance services

Differences – Sex and Limited Ability.

Sex differences. The male respondents gave the maintenance issues a low centrality of concern but significantly higher than that ascribed by the female respondents on all items except the availability of affordable home insurance. A higher percentages of males than females agreed that there were affordable general home maintenance services and affordable or free general outdoor maintenance services, however, the differences were not significant and agreement was a minority view. The male and female respondents gave similar assessments of the availability of home maintenance services, yard maintenance, and home insurance. They ascribed low

centrality to the maintenance issues and had minority agreements with the availability of affordable maintenance and insurance services.

Limited ability differences. Similar assessments were provided by the able-bodied and limited-ability seniors on the availability of affordable general home maintenance services, affordable or free outdoor maintenance, and affordable home insurance. Again, the issues had low centrality of concern and only a minority was in agreement that the services were available and affordable.

Conclusion

The issues of home and yard maintenance were not of central concern among this group of seniors. They believed they had affordable home insurance. Among a minority of seniors, there were mixed concerns about the availability of general home and yard maintenance services. The male and female respondents gave similar assessments of the availability of home maintenance services, yard maintenance, and home insurance. They ascribed low centrality to the maintenance issues and had minority agreement with the availability of affordable maintenance and insurance services. Similar assessments were provided by the able-bodied and limited-ability seniors on the availability of affordable general home maintenance services, affordable or free outdoor maintenance, and affordable home insurance. Again, the issues had low centrality of concern and only a minority was in agreement that the services were available and affordable.

5.3.3.4 Aging in place

Total sample

The following items addressed the Aging-in-Place theme of the Housing Dimension:

- Housing located close to services;
- Affordable supports available to enable seniors to remain at home; and,
- Assisted living options are available.

As shown in Table 10, the respondents gave moderate to low centrality of interest or concern to the aging-in-place items of the Housing Dimension. The majority of respondents agreed that the housing was located close to services (65.9%); and assisted living options were available (59.0%). A near majority agreed affordable supports were available to enable seniors to remain at home (49.4%). A significant minority disagreed with the statement that affordable supports were available to enable seniors to remain at home. Thus, the respondents agreed the aging-in-place features of (1) housing was located close to services and facilities and (2) affordable services were available to enable older people to remain at home, to “age in place;” and (3) assisted living options were available.

Differences – Sex and Limited Ability

Sex differences. Inspection of Table 11 showed higher percentages of males responded positively to the aging-in-place items than did the females - significantly so in the case of the availability of assisted living options item (Agree: Males 70.2%; Females 54.9%). Thus, in general, males were more satisfied with the aging-in-place features of Saskatoon than were the females. The women had significantly lower agreement on the availability of assisted-living

options. Aging-in-place features had low or moderate centrality of concern among the respondents.

Limited ability differences. In general, the able-bodied respondents had higher agreement with the aging-in-place features of housing in Saskatoon than did the limited-ability respondents. As shown in Table 12, a significantly higher percentage of the able-bodied than the limited-ability respondents agreed that housing in Saskatoon was located close to services (69.7% versus 58.4%). The other differences were not significant. Thus, in large part, both the able-bodied and limited ability seniors agreed that the housing in Saskatoon was located close to services, affordable supports were available to enable seniors to remain at home and assisted-living options were available. However, only moderate or low levels of centrality of concern were ascribed to these housing features.

Conclusion

The respondents agreed with the presence in Saskatoon of the aging-in-place features of (1) housing located close to services and facilities and (2) affordable services available to enable older people to remain at home, to “age in place;” and (3) the availability of assisted living options. In general, males were more satisfied with the aging-in-place features of Saskatoon than were the females. The women had significantly lower agreement on the availability of assisted-living options. Among the males and females, aging-in-place features had low or moderate centrality of concern. Further, in large part, both the able-bodied and limited ability seniors agreed that the housing in Saskatoon was located close to services, affordable supports were available to enable seniors to remain at home and assisted-living options were available. However, only moderate or low levels of centrality of concern were ascribed to these housing features.

5.3.3.5 Housing options

Total sample

The following items addressed the Housing-Options theme of the Housing Dimension:

If your needs change, what are your choices for housing in the community?

- A range of appropriate and affordable housing options like independent living, assisted living, apartments, condos, and individual homes for seniors on fixed income;
- Availability of subsidized housing;
- Housing adapted for seniors and those with disabilities: e.g. wheelchair accessible; and,
- Affordable long-term care options available that prevent the separation of families and the need to move out of the community.

As shown in Table 10, there appeared to have been a high degree of uncertainty among the seniors on what choices for housing were available to them in the community. As to whether or not there was a full range of options available, 22.2 per cent of the respondents were uncertain; 41.4 per cent agreed the full range was available; and, 36.4 per cent disagreed. Similarly, 35.8 per cent were uncertain as to whether or not subsidized housing was available; 24.5 per cent thought it was available; and, 39.8 per cent held it was not available. The availability of housing adapted for seniors and those with disabilities was uncertain for 32.5 per cent of the sample; 39.1

per cent thought it was; and, 28.5 thought it was not. On the availability of local affordable long-term care the seniors there was no consensus, however, the most significant minority believed this long-term care was not available (43.7%). There was little agreement among the respondents on the availability of housing options. Approximately one third did not know, one-third believed options were available, and one-third disagreed.

Differences – Sex and limited ability

Sex differences. As shown in Table 11, it would appear the male respondents were much more optimistic about the availability of housing options than were the female respondents. On the availability of housing adapted for seniors, 47.6 per cent of the males believed such facilities were available and 20.2 per cent disagreed and 34.9 per cent of the females agreed and 32.1 per cent disagreed. On the availability of the full-range of housing options, 47.6 per cent of the males thought it was and only 39.1 per cent of the females concurred. There appeared to be agreement between the sexes on the lack of availability of subsidized housing: 31.0 per cent of the males and 39.1 per cent of the females disagreeing with the availability of subsidized housing statement. On the long-term care option, only 31.0 per cent of the males were positive on the availability and a significantly lower percentage of 20.0 per cent of females concurred. In both cases, major minorities (Males 38.1% and Females 45.6%) disagreed with the availability of local long-term care that prevented separation of families. With the exception of the housing adapted for the disabled, on all other housing option items, a significant proportion of the respondents felt the options were not available. Again, there appeared to be a high level of uncertainty.

Limited ability differences. Inspection of Table 12 showed there was only one significant difference in the responses to the housing-options items when the responses were classified on the basis of whether or not the respondent had an ability-limiting condition. On the affordability and availability of the long-term care housing option, a higher percentage of the able-bodied than the ability-limited respondents gave negative responses (Able-bodied 47.0%; Limited ability 36.6%), however, there was no difference in their rate of agreement. It would appear that there were no significant differences in the assessment of the limited-ability and the able-bodied respondents on the availability of housing options. In all cases, only a minority felt these options were available.

Conclusion

There appeared to have been a high degree of uncertainty among the seniors on what choices for housing were available to them in Saskatoon. On the availability of the housing options, there was little agreement among the respondents. Approximately one third did not know, one-third believed options were available, and one-third disagreed. It would appear the male respondents were much more optimistic than the female respondents. With the exception of the housing adapted for the disabled, on all other housing option items, a significant proportion of both the male and female respondents felt the options were not available and there appeared to be a high level of uncertainty. There were no significant differences in the assessment provided by the limited-ability and the able-bodied respondents on the availability of housing options. In all cases, only a minority felt these options were available.

5.3.3.6 Living environments

Total sample

The following items addressed a restricted portion of the Living-Environment theme of the Housing Dimension:

- Public and commercial rental housing that are clean, well-maintained and safe; and,
- Alarmed or secure entry.

As shown in Table 10, 42.4 per cent of the respondents indicated they were not sure or did not respond to the assessment item on the cleanliness, maintenance and safety of public and commercial rental housing. This could be the direct result of the question stem “Tell us about your HOME, is it comfortable and safe.” This result mirrors the proportion of respondents living in their own home described in the demographic data. However, 46.0 per cent of the respondents positively assessed the living environment aspects of public and commercial housing rentals. This represents 80 per cent of the respondents choosing the agree or disagree responses to the item. On the existence of alarmed or secure entries, 72.2 per cent of the responses were positive and only 12.6 per cent were negative. Thus, it would appear that the seniors believed the public and commercial rental housing were clean, well-maintained and safe. In addition, their homes had alarmed or secured entrances.

Differences – Sex and limited ability

Sex differences. As shown in Table 11, a significantly higher percentage of females than males held the public and commercial rental housing to be clean, well-maintained and safe (Agree: Females 48.4%; Males 38.1%). There was no difference in their assessments of the existence of alarmed or secure entry to their homes.

Limited ability differences. Inspection of Table 12 showed there was no significant difference among the responses of the able-bodied and ability-limited seniors to the living environment items.

Conclusion

The survey had a severely restricted range of items assessing the living environment of the housing for seniors. On the assessment of the cleanliness, maintenance and safety of public and commercial rental housing, the vast majority of respondents living in such facilities responded positively. The majority of respondents indicated their homes had alarmed or secured entrances. Thus, the responses to these two items would suggest that the seniors were living in positive living environments.

5.3.3.7 Summary and Conclusions of Quantitative Analysis of the Data on the Housing Dimension of an Age-friendly Community

The following is a compilation of the results of the analysis of the quantitative data derived from the 302 participants’ responses to the Housing Dimension statements in the Age-friendly Saskatoon Survey:

Design

The majority of respondents agreed their homes had the design features of interior spaces and level surfaces that allowed for freedom of movement in all rooms and passageways, and an “alert system” for seniors living alone to call for help when needed. There were not significant differences between the responses of males and females, and between the ability-limited and able-bodied on the design items of interior space accommodation of their home and the availability of an “alert system.” The majority of respondents in all categories agreed with the age-friendly home design statements.

Modifications

On the home modification items of information on financial assistance, affordability and availability of modification options and supplies, and affordable and understanding providers, the respondents assigned a very low index of centrality. It would appear housing modification was of low general interest and concern and perhaps, pertained to the circumstances of only a specific minority of seniors. When the responses of males and females were compared, there appeared to be a low level of centrality assigned to the housing modification theme among the respondents but significantly higher percentages of males than females responded positively to the statements. Again, when the responses of the ability-limited and able-bodied individuals were compared, both the ability-limited and able-bodied respondents gave housing modification a very low level of centrality of interest and concern and there were no differences between the groups in their positive and negative assessment rates.

Maintenance

The issues of home and yard maintenance were not of central concern among this group of seniors. They believed they had affordable home insurance. Among a minority of seniors, there were mixed concerns about the availability of general home and yard maintenance services. The male and female respondents gave similar assessments of the availability of home maintenance services, yard maintenance, and home insurance. They ascribed low centrality to the maintenance issues and had minority agreement with the availability of affordable maintenance and insurance services. Similar assessments were provided by the able-bodied and limited-ability seniors on the availability of affordable general home maintenance services, affordable or free outdoor maintenance, and affordable home insurance. Again, the issues had low centrality of concern and only a minority was in agreement that the services were available and affordable.

Aging in place

The respondents agreed with the presence in Saskatoon of the aging-in-place features of (1) housing located close to services and facilities and (2) affordable services available to enable older people to remain at home, to “age in place” and (3) the availability of assisted living options. In general, males were more satisfied with the aging-in-place features of Saskatoon than were the females. The women had significantly lower agreement on the availability of assisted-living options. Among the males and females, aging-in-place features had low or moderate centrality of concern. Further, in large part, both the able-bodied and limited ability seniors agreed that the housing in Saskatoon was located close to services, affordable supports were available to enable seniors to remain at home and assisted-living options were available.

However, only moderate or low levels of centrality of concern were ascribed to these housing features.

Housing options

There appeared to have been a high degree of uncertainty among the seniors on the choices for housing available to them in Saskatoon. On the availability of the housing options, there was little agreement among the respondents. Approximately one third did not know, one-third believed options were available, and one-third disagreed. It would appear the male respondents were much more optimistic than the female respondents. With the exception of the housing adapted for the disabled, on all other housing option items, a significant proportion of both the male and female respondents felt the options were not available, and there appeared to be a high level of uncertainty. There were no significant differences in the assessment provided by the limited-ability and the able-bodied respondents on the availability of housing options. In all cases, only a minority felt these options were available.

Living environments

The survey had a severely restricted range of items assessing the living environment of the housing for seniors. On the assessment of the cleanliness, maintenance and safety of public and commercial rental housing, the vast majority of respondents living in such facilities responded positively. The majority of respondents indicated their homes had alarmed or secured entrances. Thus, the responses to these two items would suggest that the seniors were living in positive living environments.

Note: The topics on the housing dimension checklist not addressed by the Age-friendly Saskatoon Survey were Essential Services; and, Community Integration.

As a result of the item sampling, on the *Age-friendly housing checklist*, only the following aspects were addressed: (1) Design; (2) Modifications; (3) Maintenance; (4) Aging in Place; (5) Housing Options; and, (6) Living Environment. The Affordability theme was addressed under the topics of Maintenance, Modifications, and Aging in Place. The topics not addressed were: (1) Essential Services; and, (2) Community Integration.

Again, the percentages and means of the survey samples responses to the Housing section of the Age-friendly Saskatoon Survey have been presented in Table 10. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents, thus, it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondents have an ability limitation, similar results have been presented in Tables 11 and 12, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.4.3 SUMMARY OF RESULTS: HOUSING

Design

Home Design was of interest for both survey respondents and focus group participants though responses generated differences between the two groups. Overall, survey respondents perceived their homes as inclusive of design features, interior space, and level surfaces that allowed for independence and safety. There was no significant difference in response from ability-limited individuals. Contrary to survey respondents, Focus Group participants cited a differing perspective on this theme. Participants identified numerous short-comings of their present day housing design and suggested that vast improvements needed to be made to ensure ease and safety. Amongst the issues discussed, the most common themes focused on restrictive design for people with disabilities, poor positioning of temperature, power, and lighting controls, and of the overall inadequacy of infrastructure of existing homes. Participants also noted that newer homes developed for seniors included design features that restrict seniors' independence and safety.

Suggestions:

- It was identified that education is a key factor in creating age-friendly housing. Architects, builders, and general public need education on housing that is accessible for all. There needs to be better design of seniors' housing and private homes.
- It should be made mandatory that housing designed for seniors is wheelchair accessible with wide doorways, hallways, and wheelchair and walker accessible bathrooms.
- Condos and apartments advertising themselves as seniors' housing should be required to meet certain specified standards and contain specified features.
- City buildings regulations should include handrails
- Families and seniors are encouraged to be pre-emptive for senior family member's eventual need for accessible housing with care components.

Modification

Housing modification was of high interest amongst focus group participants but generated low interest and concern amongst survey respondents. Survey respondents addressed the following items under the home modification theme; readily available and accessible information on financial assistance programs, affordability and availability of home modification options and supplies, and affordable providers of home maintenance and modifications that understand the needs of seniors. No Response/Not sure made up 51.7 per cent, 49.7 per cent, and 49.3 per cent of the three questions addressed, while approximately one-quarter of respondents agreed and one quarter disagreed about the three themes under this topic. However, Focus group participants commented on the lack of information readily available to the public on grants for home modifications to accommodate disabilities and the needs of seniors. They emphasized the expense incurred for home modification as being costly, making needed modifications to the home not feasible. Moreover, it was identified by participants without the ability to afford home

modifications, seniors feared falling ill or having age related problems (knee surgery, arthritis, loss of hearing) as it was perceived as detrimental to their safety.

Suggestions

- The SaskTel Phonebook Yellow Pages should have a reader friendly section on maintenance, support, and caregiver services identified.
- Participants identified that there is a need for a central location where information is dispersed. Information on grants available for home modification grants needs to be available.
- Saskatchewan should follow Alberta's example from previous years, this campaign included programs and grants for modification and maintenance to assist seniors to remain within their own homes.

Maintenance

Though a majority (57.0%) of survey respondents agreed that affordable home insurance was available only 39.7 per cent agreed on the availability of affordable home maintenance (indoor) and 40.0 per cent agreed with the availability of affordable or free outdoor maintenance. The issue of home and yard maintenance was not of central concern among the general survey respondents. However, Focus group participants placed importance on this topic; they centred the discussion on maintenance of their homes both indoor and outdoor and cited affordability of services as the main challenge in the overall maintenance of their homes. The importance of essential services such as home care provided by Saskatoon Health Region (SHR) and private agencies was mentioned as a necessity for home maintenance. The lack of affordable private services and limited hours of SHR Home Care was identified as a major barrier in maintaining the interior and exterior of the home. Participants discussed extensively about the void in services to assist with snow, leaves, and garbage removal and the difficulty of maintaining the exterior of their homes.

Suggestions:

[Similar to services needed for essential services]

Aging in Place

The majority of survey respondents agreed that a system exists in Saskatoon that supports aging in place. There was general consensus amongst respondents both able-bodied and individuals with limited-ability that services and facilities are located close to housing (65.9%), affordable services are available to enable older adults to remain at home, to "age-in-place" (49.4%) and there are options and availability of assisted living facilities (59.0%). A significantly higher percentage of able-bodied (69.7%) than the limited-ability respondents (58.4%) agreed that housing in Saskatoon was located close to services. The other themes discussed under this topic were not significantly different between the two groups. While Focus group participants agreed that there are services in Saskatoon to allow one to age in place, they identified the cost affiliated with services as a major barrier and that "lip service" is paid to the principle of enabling seniors to remain within their own homes. Some noted that seniors are not aware of services available and that information is difficult to locate. Furthermore, they cited that the lack of awareness extended not only to availability of services in Saskatoon but about information surrounding

housing concerns. A majority of participants disagreed and believed that distance between seniors housing and private dwellings to stores as inconvenient, specifically in the downtown area, and noted this as a pressing issue. As well, many participants voiced concern over the separation of seniors living facilities from other dwellings, thus separating seniors from the community.

Suggestions

- There needs to be an evaluation of factors that enable seniors to remain independent and which can also allow them to remain within their own home. The ability to “condoize” a private residence would allow a person to remain in his/her own home longer. There needs to be more grocery stores located throughout Saskatoon, specifically within downtown area.
- The province and city should adopt a senior’s “ Bill of Rights” to protect and integrate seniors in our community

Housing Options

The theme of housing options reflected high uncertainty amongst survey respondents. This theme discussed the range of appropriate and affordable housing options, availability of subsidized housing, and availability of housing adaption for those with disabilities in Saskatoon. The survey response illustrate mixed opinions, one-third of respondents were uncertain of housing options, one-third believe there are housing options available, and one-third did not agree that housing options were available. The theme of housing options was of high interest to focus group participants. The discussion centred on the general lack of affordable housing options, long-waiting list for living facilities, affordability of assisted living care, costs of private dwellings, and the lack of continuum of care (hierarchy of care). Many participants emphasized the lack of affordable housing for seniors and the inaccessibility of personal care homes for seniors that fall into the low-income bracket as an issue of high priority. The housing theme was dominated by the topic of affordable housing. Participants stated that with long waiting lists and high costs of care facilities more incentives need to be in place to support seniors living in private dwellings through subsidies. These incentives should be offered through tax breaks for seniors specifically low income seniors. Focus groups participants stated the need for more housing options with differing systems of operation: a continuum of care model rather than silos, Numerous participants were concerned about declining health and the implication it had on the availability of housing as needs change.

Living Environment

The satisfaction of survey respondents with living environments was assessed according to the general maintenance (cleanliness, well-maintained, safety) of public and commercial rental housing and alarmed and secured entries. 42.2 per cent of respondents indicated Not Sure or No Response to the question addressing the general maintenance of their living environment, whereas 46.0 per cent of respondents agreed that they were satisfied with their current situation. On the existence of alarmed or secured entries, the majority 72.2 percent of responses were positive. Focus group participants echoed similar views made by survey respondents, they suggested feelings of safety, security, and enjoyment within their present day housing.

5.5 DIMENSION 5: SOCIAL PARTICIPATION

5.5.0 Dimension Framework: Social Participation

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Social Participation*:

Social participation and social support are strongly connected to good health and well-being throughout life. Participating in leisure, social, cultural and spiritual activities in the community, as well as with the family, allows older people to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships. It fosters social integration and is the key to staying informed. Yet the older people consulted by WHO indicate clearly that the capacity to participate in formal and informal social life depends not only on the offer of activities, but also on having adequate access to transportation and facilities and on getting information about activities (WHO Global Age-Friendly Cities Guide, p. 38)

Among these characteristics were the following:

1. Accessibility of events and activities
2. Affordability
3. Range of events and activities
4. Facilities and settings
5. Promotion and awareness of activities
6. Addressing isolation
7. Fostering community integration (pp. 38-43)

5.5.1 Qualitative Results: Focus Groups

5.5.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon's *Social Participation* from the focus group participants the following specific orientation questions were posed:

Social Participation

How easily can you socialize in your community?

Consider –

- If there is a range of events and activities for seniors all ages
- Activities and events are affordable
- Visiting is provided for those who are home bound
- Affordable transportation is available to activities and events
- Activities and events are well publicized

(“2.4 Age-Friendly Manitoba Community Discussion Suggestions,” Age Friendly Manitoba)

5.5.1.1.2 Accessibility of events and activities

WHO Descriptors. The location is convenient to older people in their neighbourhoods, with affordable, flexible transportation. Older people have the option of participating with a friend of caregiver. Times of events are convenient for older people during the day. Admission to an event is open (e.g. no membership required) and admission, such as ticket purchasing, is quick, one-stop process that does not require older people to queue for a long time.

Observations

Transportation was perceived by most participants as the main barrier in social participation. The high cost of participating combined with the cost of transportation has led to the disengagement of some seniors in Saskatoon. While the city does have an operating bus system the inconvenience and high cost often deter seniors from utilizing transit for leisure. Those with disabilities identified that some activities are often physically inaccessible for many and for some the scheduling of events during the evenings poses a challenge.

Positive Comments

No Comments

Negative Comments

- The lack of transportation readily available and affordable was cited as the main barrier for social participation
- Participants identified that those who operated a vehicle find (lack of) parking a deterrent from being involved within various activities
- Participants explained the necessity of using the Saskatoon Transit System for medical appointments but many cited that the bus is an inadequate means of transportation for leisure
- Seniors living within the Rural Municipality of Corman Park identified that events and activities are generally held during the evenings. The commute to Saskatoon can often be dangerous (winter conditions) and costly thus preventing them from participating in activities
- Some single seniors identified that there is a lack of enjoyment to go out without a companion as many activities and events have an environment that is “couple friendly”
- There are minimal to no activities for grandparents who provide care for their grandchild(ren). Without the inability to involve both grandparent and grandchild, these seniors are limited in their ability to participate
- Many places that identify as “wheelchair accessible” are not and exclude those with disabilities. Festivals, concerts, Persephone Theatre etc. exclude those with disabilities as they are inaccessible

Suggestions

- Affordable transportation specifically for seniors is imperative to engage them within the community
- A Seniors Centre is needed where Saskatoon Seniors congregate most often making it accessible to many seniors thus the Market Mall is an ideal location for such a centre.
- Organizations should hold events and activities geared for seniors in places with ample parking.

- Snow clearance is imperative to foster social participation amongst seniors. Participants felt that winter conditions were hazardous for seniors to fully engage within the community specifically to engage those with disabilities
- Seniors' programs need to be created allowing for intergenerational participation so grandparents who provide care for grandchildren can be involved

5.5.1.1.2 Affordability

WHO descriptors. Events and activities and local attractions are affordable for older participants, with no hidden or additional costs (such as transportation costs). Voluntary organizations are supported by the public and private sector to keep the cost of activities for older people affordable.

Observations

The ability to afford events and activities was cited as the number one barrier to attending events. Often cost is affiliated with the actual event/ activity and the issue of transportation, seeking one or paying for transportation may not be feasible.

Positive Comments

- One focus group commented on the Rainbow Community Centre's program Rainbow 55+. This program provides seniors the opportunity to exercise, socialize, and have a nutritious meal for \$1.00. Moreover, they provide transportation to all regular participants
- The Saskatoon Public Library was cited numerous times as an excellent outlet for those limited by finances but still wanting to participate in various activities

Negative Comments

- The City of Saskatoon offers a discount on one class per year for low income persons however this initiative is not enough. The full leisure/recreation fee for seniors is unaffordable, leaving many seniors unable to get out of real issues of "boredom, loneliness, and helplessness".
- Seniors that want to engage within the volunteer sector often note the high cost of being a volunteer—paying for gas etc. This is particularly true for those who live within the Saskatoon area
- Many seniors are unaware of the many free and inexpensive activities within Saskatoon

Suggestions

- There should be a special rate for seniors for the City of Saskatoon's leisure centre
- There needs to be more programming similar to R55+

5.5.1.1.3 Range of Events and Activities

WHO Descriptors. A wide variety of activities is available to appeal to a diverse population of older people, each of whom has many potential interests. Community activities encourage the participation of people with different ages and cultural backgrounds.

Observations

It was expressed that there are numerous and events and activities however, it is dependent on the key factor of affordability.

Positive Comments

- It was recognized that there are endless number of activities but involvement was identified as largely dependent on one's financial ability to do so
- Participants cited In Motion/Forever In Motion, McClure Activities, Nutana Legion and Bowling Club, Parktown Hotel-dinner theatre, Churches and Bethany Manor as activities or places where seniors are able to participate
- For those who recognized affordability to be an issue many expressed that the Saskatoon Public Library was an excellent facility free of cost. The Library's Mobile Computer Lab was mentioned as a positive program in engaging seniors
- The Saskatoon Symphony was recognized as age-friendly for seniors as the Sunday afternoon concerts are made available to seniors at a reduced cost with transportation available
- For those able to afford-the University of Saskatchewan's Life Long Learning course was cited as excellent for older adults
- Churches were identified as integral for seniors to engage within the community

Negative Comments

- Some viewed many activities are tailored specifically to middle class, educated, male population of Saskatoon thus leaving out the interests and needs of many

Suggestions

- There needs to be an emphasis on promoting low cost social and recreation activities tailored for seniors of varying backgrounds

5.5.1.1.4 Facilities and Settings

WHO descriptors. Gatherings, including older people, occur in a variety of community locations, such as recreation centres, schools, libraries, community centres in residential neighbourhoods, parks, and gardens. Facilities are accessible and equipped to enable participation by people with disabilities or by those who require care.

Observations

Focus group participants identified that programs are held in various facilities and settings throughout Saskatoon. However, some venues are inaccessible thus limiting seniors' involvement. For seniors living within the communities of Corman Park, the scheduling of events and activating is often a deterring factor.

Positive Comments

- Participants expressed that many events and activities are held in places such as condos, churches, and the Library thus accessible for many

Negative Comments

- Those with disabilities are often excluded in many activities as venues in Saskatoon are often wheelchair inaccessible

Suggestions

- All complexes whether providing rental or condo housing for seniors should have a designated space for meetings and activities

- Those that live in the Rural Municipalities of Corman Park identified the need for events and activities to be extended outwards towards the rural communities
- Facilities need to be accommodating to the different needs of seniors when planning an event or activity

5.5.1.1.5 Promotion and awareness of activities

WHO descriptors. Activities and events are well-communicated to older people, including information about the activity, its accessibility and transportation options.

Observations

While there are numerous activities occurring within Saskatoon, Focus Group participants felt that many seniors were left without being informed. It was noted that information about activities are often sent electronically thus not “reaching” many seniors who are not computer literate.

Positive Comments

- Most focus group participants identified the churches, Saskatoon SUN, and Malls as the most popular means of information dissemination.

Negative Comments

- Some participants identified that communication about various activities are often sent electronically thus those who are not computer literate are often left out

Suggestions

- There needs to be better means of dispersing information to seniors, and emphasis needs to be made on various mediums for advertisements
- There needs to be a central directory that seniors can contact to receive information regarding activities and events occurring within the community

5.5.1.1.6 Addressing Isolation

WHO descriptor. Personal invitations are sent to promote activities and encourage participation. Events are easy to attend, and no special skills (including literacy) are required. A club member who no attends activities is kept on the club’s mailing and telephone list unless the member asks to be taken off. Organizations make efforts to engage isolated seniors through, for example, personal visits or telephone calls.

Observations

Participants identified that social participation is integral in alleviating isolation. However without the financial means to be able to participate in social activities and events, seniors are often left without options.

Positive Comments

- A specific focus group identified that The Superannuated Teachers (Saskatoon) has a visiting committee for members who are housebound

- Computers were identified as positive source. As seniors become familiarized with computers, those that are homebound will be able to communicate and socialize

Negative Comments

- One participant described that some seniors are in a “cocoon” left to watch television
- The aging process for some results in limited mobility, sight, and hearing which reduces the ability to participate fully within the community resulting in isolation. For some it is the embarrassment of self-image, for example “shaky hands and dining out” that leads to limited interaction within community
- Homebound seniors living within private homes are often disengaged and isolated and there is no real initiative in Saskatoon to address this issue

Suggestions

- Home visiting programs/outreach services are needed to reach those isolated and homebound

5.5.1.1.7 Fostering Community Integration

WHO descriptors. Community facilities promote shared and multipurpose use by people of different ages and interests and foster interaction among user groups. Local gathering places and activities promote familiarity and exchange among neighbouring residents.

Observations

Many Focus Group participants identified feeling excluded from the City in particular through the City of Saskatoon’s Leisure Centre because of the high cost of activities and membership fee. It was also noted that many places within Saskatoon unintentionally exclude seniors from volunteering specifically those with mobility issues.

Positive Comments

No Comments

Negative Comments

- The cost of participating in the City operated Leisure Centres is not financially feasible for many seniors.
- Buildings are often inaccessible or the distance between bus stops and building location may be far, limiting seniors from volunteering within the community. The example of Royal University Hospital was provided
- It was identified that Aboriginal seniors are excluded from community events. Inclusion within the community for this particular group would include the community embracing their cultural events such as round dances.

Suggestions

- The City of Saskatoon should offer a senior’s rate, discounted so that seniors are able to participate in the Leisure Centres
- The City should develop more activities geared towards the inclusion of seniors in their programming as frequently seniors are more likely to participate within their own group

5.5.1.2 Focus Group Results: Comments and Issues

Two main factors that limit seniors' participation in Saskatoon include affordability and weather conditions. Seniors are limited through financial means to pay for the actual event/activity and for transportation. Many are also afraid of dangerous weather conditions specifically during winter months,

Participants acknowledged that Saskatoon is lively with many activities for seniors but there is usually an affiliated cost for participation. While participants stated that events are publicized through churches and Saskatoon SUN, seniors are generally unaware of activities and events. The Saskatoon Public Library was acknowledged for the many free programs and services provided for seniors. Conversely, the City of Saskatoon was mentioned numerous times for the lack of subsidized programs available for seniors within the City's Leisure Centre. Many participants emphasized the need for the City to include seniors by offering discounted rates and specific activities for seniors within the Leisure Centres.

While facilities of events were not identified as being problematic for most participants, a few did acknowledge that their participation is often restricted due to the inaccessibility of many facilities and venues where the events are held. Seniors, specifically those living within Corman Park, identified that the events usually take place during evenings which poses a challenge particularly during the winter months when the commute can be dangerous.

It was commonly acknowledged that seniors who do not participate within the community are isolated. Social participation was perceived by the majority as the means to alleviate isolation. The financial cost to participate within Saskatoon needs to be addressed in order to foster community integration and to lessen isolation among seniors.

5.5.3 Quantitative Results: Surveys

As a result of the item sampling, on the *Age-friendly social participation checklist*, the following aspects were addressed: (1) Accessibility of Events and Activities; (2) Affordability; (3) Range of Events and Activities; (4) Promotion and Awareness of Activities; and, (5) Addressing Isolation. The themes of Facilities and Settings and Fostering Community Integration were not addressed. The generic question addressed was "**How easily can you socialize in your community?**"

The percentages and means of the survey samples responses to the Social Participation section of the Age-friendly Saskatoon Survey have been presented in Table 16. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents so has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent,

selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondents have an ability limitation, similar results have been presented in Tables 17 and 18, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.5.3.1 Accessibility of events and activities

Total sample

The statement posed to assess the transportation aspect of the Accessibility of Events and Activities theme of the Social Participation Dimension was the following:

- Events and activities are held in locations served by affordable and accessible transportation.

Inspection of the results reported in Table 16 indicated a quarter of the seniors were not sure or did not respond to this item. Of the remainder, a large minority of 46.4 per cent of the seniors agreed on the favourable location of the events and activities, and a smaller minority of 27.8 per cent disagreed. Thus, it appeared the venue of the social activities and events was not a major issue among the general population of seniors but was an issue for a significant minority.

Table 16
Survey Results: 5. Social Participation – Total Sample

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
Social Participation						
How easily can you socialize in your community?						
Events and Activities						
A range of events and activities for seniors of all ages is available, e.g.:	21.2	1.7	15.6	57.3	4.3	2.8
Courses, crafts and hobbies	14.9	1.7	10.6	65.9	7.0	2.9
Physical/recreational	13.6	2.3	8.9	69.9	5.3	2.9
Spectator sporting events	29.1	2.0	17.2	47.4	4.3	2.8
Church and school related	21.5	1.0	7.0	62.9	7.6	3.0
Gatherings with food	20.2	1.3	9.9	62.3	6.3	2.9
Outdoor	29.8	1.3	17.9	46.0	5.0	2.8
Indoor	18.9	1.3	11.3	63.3	5.3	2.9
All events and activities are affordable for seniors	27.2	9.9	36.1	24.8	2.0	2.3
Total Component						2.8
Preventing Isolation						
Home visits are provided for those who are home bound	42.1	5.0	20.9	30.1	2.0	2.5
When appropriate a buddy system includes seniors not normally active	49.7	3.6	24.2	20.2	2.3	2.4
The needs of seniors not interested in participating in community life are respected	40.4	2.0	9.3	45.0	3.3	2.8
Total Component						2.6
Accessibility - Transportation						
Events and activities are held in locations served by affordable and accessible transportation	25.8	3.6	24.2	43.1	3.3	2.6
Family-Oriented						
Events and activities are intergenerational and designed to appeal to people of different ages and backgrounds	32.8	2.3	16.2	45.7	3.0	2.7
Promotion of Activities						
Are well-publicized to seniors	23.5	2.3	24.5	46.4	3.3	2.7
Details of accessibility and transportation options are given	34.4	3.6	28.8	30.8	2.3	2.5
Total Component						2.6
TOTAL DIMENSION						<u>2.73</u>

Differences – Sex and Limited ability

Sex differences. Inspection of the results reported in Table 17 showed there were no significant differences between the responses of the sexes. Both groups had a large minority agreeing the venues were appropriate and a significant minority that disagreed.

Limited-ability differences. However, when the responses of the limited-ability and able-bodied seniors were compared, there was a significant difference in their response on the accessibility of the venues for social events and activities for seniors. As shown in Table 18, while a majority of 50.5 per cent of the able-bodied agreed the venues were accessible, only 37.6 of the limited-ability seniors concurred – a difference of 12.9 per cent. In both cases a significant minority disagreed. It would appear the accessibility of the venue for social events and activities was a significant issue among the limited-ability respondents.

Conclusion

It appeared the venue of the social activities and events was not a major issue among the general population of seniors but was an issue for a significant minority. There were no significant differences between the responses of the sexes. Both groups had a large minority agreeing the venues were appropriate and a significant minority that disagreed. However, it would appear that the accessibility of the venue for social events and activities was a significant issue among the limited-ability respondents

5.5.3.2 Affordability

Total sample

The only statement assessing the Affordability theme of the Social Participation Dimension was “All events and activities are affordable for seniors.”

As shown in Table 16, 27.2 per cent of the respondents were not sure or chose not to respond to this affordability statement. Only a minority of the respondents agreed (26.8%) the events and activities were affordable, and a larger minority disagreed (46%). It would appear more seniors believe all events and activities were not affordable than believed they were. This would suggest that the costs associated with social engagement may serve as a barrier for many seniors to participate in these events and activities.

Differences – Sex and limited ability

Sex differences. Inspection of the results reported in Table 17 indicated there were no significant differences between the sexes on their assessment of the affordability of social events and activities available to seniors. Nearly half of the respondents felt the events were not affordable.

Limited-ability differences. Similarly, inspection of Table 18 revealed no significant differences between the responses of the limited-ability and able-bodied seniors on affordability of social events. In both cases, a near majority of respondents believed such events to be unaffordable.

Table 17
Survey Results: 5. Social Participation: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Social Participation						
How easily can you socialize in your community?						
Events and Activities						
A range of events and activities for seniors of all ages is available, e.g.:	63.1	20.2	16.7	60.9	21.4	17.7
Courses, crafts and hobbies	75.0	15.5	9.5	72.1	14.9	13.0
Physical/recreational	82.1	9.5	8.3	72.6	15.4	12.1
Spectator sporting events	60.0	23.8	16.7	48.8	31.6	19.5
Church and school related	78.6	17.9	3.6	67.4	22.8	9.8
Gatherings with food	73.8	19.1	7.1	66.5	20.5	13.0
Outdoor	57.1	25.0	17.9	48.4	31.62	20.0
Indoor	73.8	16.7	9.5	66.5	19.5	14.0
All events and activities are affordable for seniors	28.6	26.2	45.2	26.5	27.4	46.1
Preventing Isolation						
Home visits are provided for those who are home bound	39.3	38.1	22.6	28.8	43.7	27.4
When appropriate a buddy system includes seniors not normally active	32.1	45.2	22.6	18.6	51.6	29.8
The needs of seniors not interested in participating in community life are respected	46.4	40.5	13.1	48.8	40.5	10.7
Accessibility - Transportation						
Events and activities are held in locations served by affordable and accessible transportation	47.6	23.8	28.6	45.6	27.0	27.4
Family-Oriented						
Events and activities are intergenerational and designed to appeal to people of different ages and backgrounds	45.2	32.1	22.6	50.2	33.5	16.3
Promotion of Activities						
Are well-publicized to seniors	47.6	20.2	32.1	50.2	24.7	25.1
Details of accessibility and transportation options are given	32.1	26.2	41.7	33.5	37.7	28.8

Table 18
Survey Results: 5. Social Participation - Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Social Participation						
How easily can you socialize in your community?						
Events and Activities						
A range of events and activities for seniors of all ages is available, e.g.:	58.4	20.8	20.8	63.1	21.2	15.7
Courses, crafts and hobbies	61.4	22.8	15.8	78.8	11.1	10.1
Physical/recreational	65.4	25.7	8.9	80.3	7.6	12.1
Spectator sporting events	37.6	39.6	22.8	59.1	24.2	16.7
Church and school related	58.4	28.7	12.9	76.8	17.7	5.6
Gatherings with food	63.4	23.8	12.9	71.2	18.2	10.6
Outdoor	41.6	39.6	18.8	55.6	24.8	19.7
Indoor	62.4	21.8	15.8	71.7	17.2	11.1
All events and activities are affordable for seniors	27.7	28.7	43.6	26.3	26.3	47.5
Preventing Isolation						
Home visits are provided for those who are home bound	27.7	45.5	26.7	33.8	40.4	25.8
When appropriate a buddy system includes seniors not normally active	14.9	53.5	31.7	26.3	48.0	25.8
The needs of seniors not interested in participating in community life are respected	46.5	40.6	12.9	49.0	40.4	10.6
Accessibility - Transportation						
Events and activities are held in locations served by affordable and accessible transportation	37.6	30.7	31.7	50.5	23.7	25.8
Family-Oriented						
Events and activities are intergenerational and designed to appeal to people of different ages and backgrounds	39.6	39.6	20.8	53.5	29.8	16.7
Promotion of Activities						
Are well-publicized to seniors	45.5	23.8	30.7	51.5	23.2	25.3
Details of accessibility and transportation options are given	25.7	37.6	36.6	36.4	33.3	30.3

Conclusion

More seniors believe all events and activities were not affordable than believed they were. This would suggest that the costs associated with social engagement may serve as a barrier for many seniors to participate in these events and activities. There were no significant differences between the sexes and the ability groups on their assessments of the affordability of social events and activities available to seniors. In each case, nearly half of the respondents felt the events were not affordable. It would appear affordability of social events and activities was an issue.

5.5.3.3 Range of events and activities

Total sample

The statements posed to assess the Range of Events and Activities theme of the Social Participation Dimension included the following:

- A range of events and activities for seniors of all ages is available, e.g.:
 - Courses, crafts and hobbies;
 - Physical/recreational
 - Spectator sporting events;
 - Church and school related;
 - Gatherings with food;
 - Outdoor; and,
 - Indoor.
- Events and activities are intergenerational and designed to appeal to people of different ages and backgrounds.

As shown in Table 16, the social participation issue appeared to be of moderate and low centrality of interest and concern for the seniors. A majority of seniors agreed a range of events and activities were available, as were each of the listed events and activities. The agreement rates were as follows: Range of events 61.6 per cent, courses, crafts and hobbies 72.9 per cent, physical/recreational 75.2 per cent, spectator sporting events 51.7 per cent, church and school related 70.5 per cent; gatherings with food 68.6 per cent, outdoor 51.0 per cent, and indoor 68.6 per cent. In no case did a significant minority of seniors disagree with the availability of the listed events and activities. Thus, the seniors believed a range of events and activities for seniors of all ages was available, as were each of the listed events and activities. However, when the responses to the family-orientation question were analyzed, it appeared that only a minority of seniors (48.7%) believed events and activities were intergenerational and designed to appeal to people of different ages and backgrounds. It would appear seniors have a full-range of opportunities to socially engage in community events and activities with other seniors but somewhat limited opportunities to socially engage in intergenerational activities.

Differences – Sex and Limited ability

Sex differences. As shown in Table 17, a higher percentage of males than females were in agreement that a full-range of events and activities was available, as were each of the specific events and activities. However, only on the availability of spectator sporting events was the difference significant (Agree: Males 60.0%; Females 48.8%). On the other hand, a higher

percentage of females than males agreed that opportunities for participation in intergenerational events and activities were available (Agree: Females 50.2%; Males 45.2%). Thus, while both sexes agreed the opportunities for social engagement in a variety of events and activities were readily available, the males responded more favourably than the females, except on the opportunities for engagement in intergenerational events and activities. The males saw significantly more opportunities to engage in spectator sports events.

Limited-ability differences. As presented in Table 18, those individuals with limitations perceived significantly lower opportunities for social engagement in a variety of events and activities. While a majority of the limited-ability seniors agreed a full range of activities was available, only a minority agreed opportunities were available to participate in spectator sporting events (37.6%), and outdoor events (41.6%). Significantly lower percentages of the limited-ability than the able-bodied individuals saw opportunities for engagement in (1) courses, crafts and hobbies; (2) physical/recreational activities; (3) spectator sporting events; (4) church and school related events; and (5) outdoor events. In the assessments of the opportunities for engaging in family-oriented intergenerational events, only a minority of the limited-ability seniors felt such opportunities were available. While a majority of able-bodied seniors felt the same – the difference was very significant (Agree: Limited-ability 39.6%; Able-bodied 53.5%). Thus, the seniors with ability limitations saw significantly lower opportunity than the able-bodied seniors to be socially engaged in a variety of events and activities.

Conclusion

In general, it would appear seniors have a full-range of opportunities to be socially engaged in community events and activities with other seniors but somewhat limited opportunities to be socially engaged in intergenerational activities. While both sexes agreed the opportunities for social engagement in a variety of events and activities were readily available, the males responded more favourably than the females, except on the opportunities for engagement in intergenerational events and activities. The males saw significantly more opportunities to engage in spectator sports events. Perhaps the most significant finding was the seniors with ability limitations saw significantly lower levels of opportunity than the able-bodied seniors to be socially engaged in a variety of events and activities. Thus, it would appear Saskatoon has a full-range of activities and events in which seniors can be socially engaged. A caveat on this conclusion was the significantly lower rates of agreement among the seniors with ability limitations.

5.5.3.4 Promotion and awareness of activities

Total sample

In order to assess the Promotion and Awareness of Activities theme of the Social Participation Dimension, the following statements were posited:

- Are well-publicized to seniors; and,
- Details of accessibility and transportation options are given.

It would appear this promotion and awareness of activities theme had low centrality of interest and concern. As shown in Table 16, a quarter and a third of the participants did not respond to these two items, respectively. Nearly half of the respondents held that activities were well-publicized and a quarter held they were not. One third of the respondents believed details of accessibility and transportation options were given, and one third disagreed. Thus, there were very mixed assessments of the promotion and awareness activities for social participation events. However, with only one third of the respondents providing positive assessments, it was clear there was a need to improve the functioning under this theme.

Differences – Sex and Limited ability

Sex differences. The proportions of positive responses by both sexes were very similar. However, as shown in Table 17, significantly more males gave negative assessments on the provision of details on accessibility and transportation options (Disagree: Males 41.7%; Females 28.8%), and significant minorities of both sexes disagreed with both promotional statements.

Limited-ability differences. Those individuals with limited abilities provided more negative assessments of the promotional activities than did the able-bodied. The difference on the percentage of agreement response to the provision of details on transportation options was significant (Agree: Limited-ability 25.7%; Able-bodied 36.4%). In short, it would appear the limited-ability respondents were more negative about the promotion and awareness of activities.

Conclusion

Among the seniors, the promotion and awareness of activities theme had low centrality of interest and concern. There were very mixed assessments. However, with only one third of the respondents providing positive assessments, it was clear there was a need to improve the functioning under this theme. In general, males were more negative in their assessments than were females, and significantly more so on their assessment of the provision of details on accessibility and transportation options. Further, it would appear the limited-ability respondents were more negative on their assessments of the promotion and awareness of activities.

5.5.3.5 Addressing isolation

Total sample

The Age-friendly Saskatoon Survey had the following three items for the assessment of activities and events under the Addressing Isolation theme of the Social Participation Dimension:

- Home visits are provided for those who are homebound;
- When appropriate a buddy system includes seniors not normally active; and,
- The needs of seniors not interested in participating in community life are respected.

Surprisingly, as shown in Table 16, over 40 per cent of the participants were not sure or did not respond to these addressing-isolation items. The following minorities of respondents agreed that each service under the prevention of isolation umbrella were available: home visitations 32.1 per cent, buddy system 22.5 per cent, and respect of independence 48.3 per cent. Significant minorities of respondents disagreed with the availability of home visitations (25.9%), and a

buddy system (27.8%). Only a small minority of the participants indicated activities to prevent isolation among seniors were available.

Differences – Sex and Limited abilities

Sex differences. Inspection of the results reported in Table 17 showed a significantly larger minority of male than female respondents believed the home visitation and buddy system isolation prevention activities were available. No differences between the sexes on the respect for independence were revealed. Thus, it would appear fewer women than men believed activities for the prevention of isolation were available. Among both sexes there appeared to be a low level of awareness.

Limited-ability differences. Again, among the two ability groups there appeared to be the same lack of awareness. However, in general, fewer limited-ability than able-bodied individuals believed prevention of isolation services were available. The difference was significant on their assessment of the availability of a buddy system (Agree: Limited-ability 14.9%; Able-bodied 26.3%). The differences in the responses of the ability groups to the respect for independence item were not significant.

Conclusion

Over 40 per cent of the participants were not sure or did not respond to the addressing-isolation items. Only a small minority of the participants indicated activities to prevent isolation among seniors were available. Fewer women than men believed activities for the prevention of isolation were available. Among both sexes there appeared to be a low level of awareness. Again, among the two ability groups there appeared to be the same lack of awareness. However, in general, fewer limited-ability than able-bodied individuals believed prevention of isolation services were available. The difference was significant on their assessment of the availability of a buddy system. Thus, while the seniors believed the needs of seniors not interested in participating in community life were respected, they were largely unaware or a minority had a positive assessment of the home visitation and buddy system activities to address isolation. The issue of the availability of isolation prevention initiatives did not have a general centrality of interest and concern among the seniors, and only a minority of seniors offered positive assessments of the current home visitation and buddy-system activities.

5.5.3.5 Summary and Conclusions of Quantitative Analysis of the Data on the Social Participation Dimension of an Age-friendly Community

The following is a compilation of the results of the analysis of the quantitative data derived from the 302 participants' responses to the Social Participation Dimension statements in the Age-friendly Saskatoon Survey:

Accessibility of Events and Activities

It appeared the venue of the social activities and events was not a major issue among the general population of seniors but was an issue for a significant minority. There were no significant differences between the responses of the sexes. Both groups had a large minority agreeing the venues were appropriate and a significant minority that disagreed. However, it would appear

that the accessibility of the venue for social events and activities was a significant issue among the limited-ability respondents

Affordability

More seniors believe all events and activities were not affordable than believed they were. This would suggest that the costs associated with social engagement may serve as a barrier for many seniors to participate in the events and activities. There were no significant difference between the sexes and the ability groups on their assessments of the affordability of social events and activities. In each case, nearly half of the respondents felt the events were not affordable. It would appear affordability of social events and activities was an issue.

Range of Events and Activities

In general, it would appear seniors have a full-range of opportunities to be socially engaged in community events and activities with other seniors but somewhat limited opportunities to be socially engaged in intergenerational activities. While both sexes agreed the opportunities for social engagement in a variety of events and activities were readily available, the males responded more favourably than the females except on the opportunities for engagement in intergenerational events and activities. The males saw significantly more opportunities to engage in spectator sports events. Perhaps the most significant finding was the seniors with ability limitations saw significantly lower levels of opportunity than the able-bodied seniors to be socially engaged in a variety of events and activities. Thus, it would appear Saskatoon has a full-range of activities and events in which seniors can be socially engaged. A caveat on this conclusion was the significantly lower rates of agreement among the seniors with ability limitations.

Promotion and Awareness of Activities

Among the seniors, the promotion and awareness of activities theme had low centrality of interest and concern, and current activities received very mixed assessments. However, with only one third of the respondents providing positive assessments, it was clear there was a need to improve the functioning under this theme. In general, males were more negative in their assessments than were females, and significantly more so on their assessment of the provision of details on accessibility and transportation options. Further, it would appear the limited-ability respondents were more negative on their assessments.

Addressing Isolation

Over 40 per cent of the participants were not sure or did not respond to the addressing-isolation items. Only a small minority of the participants indicated activities to prevent isolation among seniors were available. Fewer women than men believed such activities were available. Among both sexes there appeared to be a low level of awareness. Again, among the two ability groups there appeared to be the same level of lack of awareness. However, in general, fewer limited-ability than able-bodied individuals believed prevention of isolation services were available. The difference was significant on their assessment of the availability of a buddy system. Thus, while the seniors believed the needs of seniors not interested in participating in community life were respected, they were largely unaware or a minority had a positive assessment of the home visitation and buddy system activities to address isolation. The issue of the availability of isolation prevention initiatives did not have a general centrality of interest and concern among

the seniors, and only a minority of seniors offered positive assessments of the current home visitation and buddy-system activities.

Note: The themes of Facilities and Settings and Fostering Community Integration were not addressed.

5.5.4 SUMMARY OF RESULTS: SOCIAL PARTICIPATION

Accessibility of events and activities

The survey illustrated that amongst those who responded, a quarter were not sure or did not respond to this item. Those who responded the majority (46.4%) responded positively and agreed venues for social activities and events appropriate for seniors. Therefore, it appears through the survey this theme was not a major issue among seniors. However, the survey shows a difference in response to accessibility, 50.5 per cent of the able-bodied agreed venues were accessible whereas only 37.6 percent of limited-ability respondents agreed. Therefore, a majority of survey respondents agreed that accessibility of venues for social events and activities is a significant issue. Focus group participants were generally satisfied with the venue for events and activities but indicated that some venues limit seniors' involvement as they are inaccessible for those who are have ability issues. This theme of Accessibility of events and activities was of high importance to focus group participants who identified transportation (cost and convenience), inaccessible venues that limit those with disabilities from attending, and inadequacy of scheduling events as major barriers in attending events and activities.

Suggestions

- Affordable transportation specifically for seniors is imperative to engage seniors within the community.
- A Seniors Centre is needed where Saskatoon Seniors congregate most often making it accessible to many seniors thus the Market Mall is an ideal location for such a centre.
- Organizations should hold events and activities geared for seniors in places with ample parking.
- Snow clearance is imperative to foster social participation amongst seniors. Participants felt that winter conditions were hazardous for seniors to fully engage within the community specifically to engage those with disabilities
- Seniors' programs need to be created allowing for intergenerational participation so grandparents who provide care for grandchildren can be involved

Affordability

Survey respondents and focus group participants agreed that affordability is a major factor in engagement of seniors. A majority of survey respondents identified this to be an issue. This was of high importance for focus group participants who cited affordability as the main barrier for seniors to attend events and activities. The issue of affordability extends not only to cost of attendance but for the other costs affiliated such as cost of transportation. It can be concluded that affordability is a primary cause of disengagement of seniors within activities and events.

Suggestions

- There should be a special rate for seniors for the City of Saskatoon's Leisure Centre
- There needs to be more programming similar to R55+, a subsidized weekly program for seniors

Range of Events and Activities

There was general consensus among Focus Group participants and Survey respondents that numerous events and activities exist for seniors. Both participants and respondents agreed that there is a lack of intergenerational social interaction for seniors. While it appears that seniors have a full range of opportunities to socially engage in community events and activities with other seniors, opportunities are somewhat limited between seniors and people of various ages and background. The only notable difference responses were between individuals with limitations, who perceived significantly lower opportunities for social engagement in some of the variety of events mentioned within the survey.

Suggestions

- There needs to be an emphasis on promoting low cost social and recreation activities tailored for seniors of varying backgrounds
- The City of Saskatoon should offer a senior's rate, discounted so that seniors are able to participate in the Leisure Centres
- The City should develop more activities geared towards the inclusion of seniors in their programming as frequently seniors are more likely to participate within their own group

Promotion and awareness of activities

The mixed survey response to this theme is an indicator that improvements need to be made in this area. Those that responded to this theme varied in opinion; half of responses suggested there is promotion of activities, a quarter responded the opposite, and a quarter did not respond. Mixed response was also provided in regard to promotion of accessibility and transportation options available at events. One third responded that these items are clearly promoted, one third disagreed, and one third did not respond. Focus group response indicated that for the most part seniors are left without being informed as a result of not having a central directory. While they indicated many mediums of information dissemination such as churches, Saskatoon Sun, and malls they also stated that many seniors are left in "the dark" due to the dissemination of information through electronic means.

Suggestions

- There needs to be better means of dispersing information to seniors, and emphasis needs to be made on various mediums for advertisements
- There needs to be a central directory that seniors can contact to receive information regarding activities and events occurring within the community

Addressing Isolation

Over 40 per cent of survey respondents were not aware or did not respond to the items under addressing isolation. Generally, respondents lacked awareness of programs and services in Saskatoon to address isolation of seniors. Similar to survey respondents, many focus group participants were not aware of programs that exist in Saskatoon for such issue. Many participants

noted that social engagement is integral in addressing isolation but often the financial means to engage is not readily available for those that need it the most.

Suggestions

Home visiting programs/outreach services are needed to reach those isolated and homebound

5.6 DIMENSION 6: RESPECT AND SOCIAL INCLUSION

5.6.0 Dimension Framework: Respect and Social Inclusion

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Respect and Social Inclusion*:

Older people report experiencing conflicting types of behaviour and attitudes towards them. On the one hand, many feel they are often respected, recognized and included, while on the other, they experience lack of consideration in the community, in services and in the family. This clash is explained in terms of a changing society and behavioural norms, lack of contact between generations, and widespread ignorance about ageing and older people. It is clear from the consultation that the respect and social inclusion of older people depend on more than societal change: factors such as culture, gender, health status and economic status play a large role. The extent to which older people participate in the social, civic and economic life of the city is also closely linked to their experience of inclusion. (WHO Global Age-Friendly Cities Guide, p. 45)

Among these characteristics were the following:

1. Respectful and inclusive services
2. Public images of ageing
3. Intergenerational and family interactions
4. Public education
5. Community inclusion
6. Economic inclusion (pp. 45-50)

5.6.1 Qualitative Results: Focus Groups

5.6.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon's *Respect and Social Inclusion* from the focus group participants the following specific orientation questions were posed:

Respect and Social Inclusion

In what ways does your community show, or not show, respect for older people?

Consider –

- Assistance provided when needed
- Seniors are addressed respectfully
- Service staff are helpful and courteous
- Seniors are not stereotyped
- Community and school activities bring generations together
- Seniors are consulted for their knowledge
- Seniors are asked to participate
- Seniors are recognized for their contributions

(“2.4 Age-Friendly Manitoba Community Discussion Suggestions,” Age Friendly Manitoba)

5.6.1.2 Focus Group Results: Comments and Issues

5.6.1.2.1 Respect and Inclusive Service

WHO descriptor. Older people are consulted by public, voluntary and commercial services on ways to serve them better. Public and commercial services provide serviced adapted to older people's needs and preferences. Services have helpful and courteous staff trained to respond to older people.

Observations

Generally participants identified that they felt respected and included within Saskatoon because of programs such as the Life Long Learning provided to seniors by the University of Saskatchewan. Respect was cited by participants both an issue for seniors as it is for any other age group. Participants identified that inclusion was primarily dependent on the individual and their wish to be included within the community.

Some group of seniors generally felt lack of respect due to aspects of their life such as ethnicity, sexual orientation, disability, or mental illness. These participants expressed views of stigma from the community that discriminate against them and essentially identified it as the root cause of disrespect and isolation from the community.

Positive Comments

- Programs offered specifically for seniors through U of S (Lifelong Learning) and SCOA courses ensure inclusion of seniors
- Snow Angel Program cultivates climate of caring
- Some seniors felt they were shown great deal of respect from individuals
- Participants stated that generally seniors are honoured for their contributions
- Businesses that deal with seniors regularly show patience and prioritize the needs of seniors
- For Seniors who identified themselves as First Nations, having members of same cultural groups helps with the feeling of inclusion within Saskatoon

Negative Comments

- While younger seniors expressed respect and inclusion-- primarily because of their health and self-confidence, some feared the implication of aging and the lack of respect that is seen for older seniors
- Some participants noted feeling lack of respect and believe it is a bigger concern within the health care sector than elsewhere. Some examples provided include workers rushing seniors with disabilities through dressing and not assisting with meals. Others noted, specifically that women felt belittled by health care staff that referred to them as “honey” or “sweetie” and provided explanations as if they were incompetent to understand
- Other issues of health care that exemplify ageism include the 10 minute, 1 problem rule
- Some doctors and nurses are ageist, they speak to the caregiver rather than to the patient
- Some participants stated that some groups of people are not respected. Examples include persons with mental illness are stigmatized throughout their lives and are particularly vulnerable when they are old. Gay, lesbian and transgendered seniors are seen as one-

dimensional (in terms of sexual activity) but are individuals with the same needs as everyone else

- Same sex couples are assumed to be promiscuous, the example given of societal perception of not being able to donate blood
- It was mentioned that gays, lesbians, and transgendered persons pay the same taxes but do not have the same rights and many do not insist on their rights therefore they go without
- Racism is prevalent within our community, some people described having to command respect from others
- Women who are seniors and identified themselves as First Nation Women (Kokums) agreed that there is less respect in society than there used to be specifically for aboriginal seniors. As Kokums, they felt that they were taken “advantage” of and their contributions unrecognized within the community
- Kokums identified poverty, vulnerability and dependence on others as factors that contribute to lack of respect
- Sometimes what is considered “respectful” can be disrespectful in another culture an example provided was the idea of making eye contact it can either be seen as respectful or disrespectful depending on the culture
- More respect is needed for those that are hard of hearing or deaf
- Seniors are stereotyped as being “cheap” when in stores

Suggestions

- Reserved seating for seniors on buses is needed and shows inclusion of seniors
- Friendly visiting program for seniors should be developed
- There needs to be an effort to ensure the rights of people who are perceived to be different (including those with mental illnesses and people who are gay, lesbian, bisexual, and transgendered) are respected and they be subject to no different eligibility requirements for all services than other seniors
- Age-friendly/sensitivity training should be provided
- Need cultural awareness programs which increase knowledge about cultural behaviours, for example about handshake, eye contact and tone

5.6.1.2.2 Public images of ageing

WHO descriptor. The media include older people in public imagery, depicting them positively and without stereotypes.

Observations: Participants felt that initiatives such as SCOA’s Age Alive are needed within our community to provide positive images of aging. Furthermore, it assists in eliminating stereotypes about seniors. Some participants felt that their knowledge and skills are not utilized but rather perceived as largely irrelevant.

Positive Comments

- SCOA’s Age Alive photography exhibition brought forth positive image of aging by highlighting positive and realistic images of aging

Negative Comments

- Some participants felt that the knowledge they bestow is often viewed as irrelevant and ageism is rampant within Saskatoon.

Suggestions

- Programs to counter the stereotypes of ageism are vital; Saskatoon Council on Aging's Age Alive Project provides positive images of aging, helping to combat ageism

5.6.1.2.3 Intergenerational and Family Interaction

WHO descriptors. Community-wide settings, activities and events attract people of all ages by accommodating age-specific needs and preferences. Older people are specifically included in community activities for "families". Activities that bring generations together for mutual enjoyment and enrichment are regularly held.

Observation: Many seniors believed that they have a wealth of knowledge that they could offer children. While some participants expressed opportunity for intergeneration interaction through Sherbrook, St. Mary's School, Luther Tower and Brunskill Manor, most participants identified that there is a lack of structured opportunity to interact with different generations. Participants cited the importance and benefits of intergenerational interaction for all individuals involved and emphasized the necessity of such programs in Saskatoon.

Positive Comments

- It was identified that immigrant families are seen as generally being more respectful of seniors and including them within the family
- Scott Forget's partnership with an elementary school was noted as positive
- Sherbrook's Oak Tree and Acorn program promoted intergenerational activities and allowed for interaction that is seldom found within Saskatoon

Negative Comments

- Some seniors expressed concern of not having family support to help them as they age
- Seniors that live in regular complexes for all ages are seen as more likely to be isolated than those who live in seniors' complexes
- Participants stated that some seniors expect respect due to their "grey" hair but forget that respect needs to be reciprocated
- Our community has systemic discrimination based on age
- Kokums identified that technology has negatively affected their relationship with their grandchildren, texting rather than talking. As well they noted there is less time with the family as parents work several jobs and kids are essentially reared by media

Suggestions

- Organizations serving seniors should take advantage of school programs in which students participate in community organizations
- Generally participants acknowledged the need for intergenerational interaction and the need to develop a social network between children and seniors
- Need to create friendly visiting program for seniors with disabilities, especially for those with no family and who need assistance to be included in social gatherings and events

- Seniors need programs that allow contact with children and animals
- A coordinator is needed to help facilitate adopt- a- grandparents program in Saskatoon
- SCOA should promote involvement of older adults in schools, programs that involved older persons telling stories or writing to them should also be promoted
- Formal discussion with children on societal changes such as the impact of children spending too much time alone, technology, and its implication on respect for older adults should be developed and delivered

5.6.1.2.4 Public Education

WHO descriptors. Learning about ageing and older people is included in primary and secondary school curricula. Older people are actively and regularly involved in local school activities with children and teachers. Older people are provided opportunities to share their knowledge, history, and expertise with other generations.

Observation: Focus group participants emphasized the need and want of seniors to be involved with children. They cited the importance for both seniors and children and identified that programs need to be developed linking the generations together [refer to Intergenerational and Family Interaction theme]. Seniors groups such as Raging Grannies and Red Hatters were identified as positive role models for younger generations. Furthermore, participants expressed that education needs to be provided to all generations but specifically to children so that they are aware of the aging process and personality/behaviour changes that may occur so that seniors are not stereotyped as being incompetent.

Positive Comments

- Red Hatter and the Raging Grannies were identified as positive role models and teachers
- In the Town of Langham, in the RM of Corman Park high school students are encouraged to help seniors with tasks such as clearing snow for credit. As well, seniors are invited to share stories with students, this helps bridge the gap.

Negative Comments

- There is a general lack of understanding of the aging process and of personality/behavioural changes that are a direct result of some illness (ie: Vascular Dementia). Therefore, sometimes it is assumed that seniors are “lazy” or “stupid”

Suggestions

- Educational material on illness that changes personality and behaviour needs to be developed and made readily available

Items not discussed:

- Learning about ageing and older people is included in primary and secondary school curricula

5.6.1.2.4 Community Inclusion

WHO descriptors. Older people are included as full partners in community decision-making affecting them. Older people are recognized by the community for their past as well as their

present contributions. Community action to strengthen neighbourhood ties and support include older residents as key informants, advisers, actors, and beneficiaries.

Observation: Overall, participants felt that contributions of seniors are recognized within our community. However some seniors identified the need for a seniors' policy in Saskatoon to address specific needs of seniors as they are often ignored.

Positive Comments

- Many participants felt included and recognized for their contribution with the community

Negative Comments

- It was identified that community organizations are all focused on middle-aged citizens with activities for their children
- Participants identified that seniors felt patronized by City Councillors for making suggestions for improvement to the City to better address seniors' needs
- Kokums questioned their belonging within Saskatoon as they seldom felt included as full partners in decision making process within the community

Suggestion

- Seniors require support to get their needs addressed, thus the City should have a seniors' policy in place

5.6.1.2.5 Economic inclusion

WHO descriptor. Economically disadvantaged older people enjoy access to public, voluntary, and private services and events.

Topic not addressed in Focus Group

5.6.2 Focus –Group Summary Statement

The dimension Respect and Social Inclusion discussed an array of topics centered on seniors' experiences in Saskatoon. Overall, seniors felt respected, recognized and included in Saskatoon and stated that respect is an issue for all age groups and not exclusive to seniors. While many participants felt respected, some participants noted that they felt disrespected by the present medical system including medical staff's treatment, language, and visitation policy. Some groups of seniors generally felt lack of respect due to some aspect of their life, such as their sexual orientation, disability, ethnicity or a combination of these factors. These participants voiced that both respect and inclusion in the community is not reciprocated and identified these factors as the root cause of discrimination felt from our community.

Participants noted the importance of positive images of ageing; they emphasized the necessity of programs such as Age Alive to cultivate a culture of understanding among the youth. Many felt that their skills and experience are often undervalued specifically by youth because they are unable to connect with this group. Many participants gave emphasis to this idea and to the need of building relationships with schools and youth in order to build intergenerational

interaction. Some participants noted the great pleasure they received from being able to bond with children through few programs in Saskatoon. It was also perceived that this type of programming would help to eliminate the rampant stereotypes of seniors found in our community. Furthermore, it was noted that a disconnect exists between younger family members and older family members. The idea was reinforced that there needs to be greater emphasis in connecting seniors to the younger generations. In addition to the need of intergenerational interaction, participants also expressed the need to formally educate younger generations on the aging process to foster understanding of seniors amongst this group.

Generally, seniors felt included, respected, and recognized within our community but suggested that a seniors' policy needs to be in place at the municipal level to provide support for seniors to ensure their needs are met.

5.6.3 Quantitative Results: Respect and Social Inclusion

As a result of the item sampling, on the *Age-friendly respect and social inclusion checklist*, the following aspects were addressed: (1) Respectful and Inclusive Services; (2) Public Images of Aging; (3) Intergenerational and Family Interactions; (4) Public Education; (5) Community Inclusion; and, (6) Economic Inclusion.

The percentages and means of the survey samples responses to the Respect and Social Inclusion section of the Age-friendly Saskatoon Survey have been presented in Table 13. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents, thus, it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondent have an ability limitation, similar results have been presented in Tables 14 and 15, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.6.3.1 Respectful and inclusive services

Total sample

The following item statement stems addressed the Respectful and Inclusive Services theme of the Respect and Social Inclusion Dimension:

- Seniors are treated respectfully by the whole community, including . . . being addressed with appropriate titles;
- Service staff are courteous and helpful;
- Asked for input on community issues;
- Provided accommodation of needs; and,
- Services and products are provided to suit varying needs and preferences by public and commercial services.

As shown in Table 13, the majority of seniors held they were treated respectfully by the whole community (62.6%) and by service providers (71.5%). It would appear that being treated with respect had a moderate centrality of interest and concern. As for respect shown through needs assessment for inclusion services, .49.7 per cent of the respondents agreed that they were asked for input on community issues, however, a significant minority of 28.5 per cent disagreed. As for the inclusiveness of the services themselves, only 41.4 per cent of the respondents agreed the community provided services that accommodated their needs. A quarter of the seniors disagreed on the inclusiveness of services in Saskatoon. Again, on the statement that services and products were provided to suit varying needs and preferences by public and commercial services, only 38.0 per cent agreed and 24.6 per cent disagreed. Thus, it would appear that while the majority of respondents held they were respected in the community and by service providers, a minority agreed respect was shown through requests for input information, and a smaller minority agreed the actual services reflected their varying needs and preferences.

Table 13
Survey Results: 4. Respect and Social Inclusion – Total Sample

Dimension/ Item	% NR/ Not-sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	*
A. Respect and Social Inclusion						
<i>How does your community show, or not show, respect for you as a senior?</i>						
Respect, Kindness and Courtesy Shown						
Seniors are treated respectfully by the whole community including; Addressed with appropriate titles	12.6	3.6	21.2	57.3	5.3	2.7
Asked for input on community issues	21.9	2.3	26.2	45.7	4.0	2.7
Provided accommodation of needs	33.1	2.0	23.5	38.4	3.0	2.6
Service staff are courteous and helpful	15.6	1.0	11.9	61.9	9.6	2.9
Older people are visible in the media, and are depicted positively without stereotyping	22.5	7.0	20.5	45.4	4.6	2.6
Total Component						2.7
Intergenerational Respect and Interaction						
There are community activities that bring generations together,	24.8	3.0	17.6	47.7	7.0	2.8
Children and youth learn how to respect and treat seniors	29.5	4.3	24.8	35.4	6.0	2.6
Schools provide opportunities to learn about aging and older people, and involve older people in school activities	42.1	3.0	15.2	33.8	6.0	2.7
Total Component						2.7

Table 13 (Cont.)
Survey Results: 4. Respect and Social Inclusion – Total Sample

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
B. Inclusive Communities <i>In what ways does your community include, or not include you as an older person in activities and events?</i>						
Inclusive Communities						
Seniors are asked to participate at council meetings and similar activities and are recognized for their contributions	30.1	2.7	27.8	36.8	2.7	2.6
Seniors are regularly consulted by public, voluntary and commercial services on how to serve them better	31.1	4.0	37.8	24.5	2.7	2.4
Community-wide settings, activities and events attracted all generations by accommodating age specific needs and preferences	35.8	2.3	25.2	33.1	3.6	2.6
Services and products are provided to suit varying needs and preferences by public and commercial services	37.4	2.7	21.9	34.4	3.6	2.6
Seniors who are less well-off have access to public, voluntary and private services	43.1	7.3	25.2	21.2	3.3	2.4
Total Component						2.5
Recognition Events or Awards						
Contributions of seniors, past and current, are honoured in the community through events	26.8	2.3	14.9	51.0	5.0	2.8
Seniors are “celebrated” through the media	27.5	4.0	18.9	45.7	4.0	2.7
Total Component						2.7
TOTAL DIMENSION						2.64

5.6.3.1 Respectful and inclusive services (Cont.)

Differences – Sex and limited ability

Sex differences. Inspection of Table 14 showed the majority of both males and females felt the community and service providers treated them with respect, and there was no significant difference between the sexes in this assessment. Again, on the respect shown by their inclusion in the community’s assessment of needs, there was no difference in the assessments provided by the sexes: in both cases the percentage in agreement was approximately 50 per cent. However, on the actual provision of services, only minorities of both males and females responded positively and sex differences in the responses were revealed. On whether or not the community provided accommodation for their needs, 47.6 per cent of the males and 39.5 per cent of the females (difference of 8.1 per cent) agreed the

community did provide such accommodations. Again, on the services and products varying according to needs and preferences, a minority of 42.9 per cent of the males agreed they were, as did 36.7 per cent of the females (difference of 6.2 per cent). Thus, the sexes agreed on the positive nature of the respect shown by the community and service providers, and on interactions and seniors input on community issues. However, there were significant differences between the sexes in their assessment of the provision of inclusive services.

Table 14
Survey Results: 4. Respect and Social Inclusion: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
A. Respect and Social Inclusion						
<i>How does your community show, or not show, respect for you as a senior?</i>						
Respect, Kindness and Courtesy Shown						
Seniors are treated respectfully by the whole community, including; Addressed with appropriate titles	66.7	9.5	23.8	61.4	13.5	25.1
Asked for input on community issues	48.8	20.2	31.0	50.2	22.8	27.0
Provided accommodation of needs	47.6	32.1	20.2	39.5	33.0	27.4
Service staff are courteous and helpful	73.8	16.7	9.5	70.2	15.4	14.4
Older people are visible in the media, and are depicted positively without stereotyping	61.9	17.9	20.2	46.1	24.2	29.8
Intergenerational Respect and Interaction						
There are community activities that bring generations together	51.2	21.4	27.4	55.8	26.1	18.1
Children and youth learn how to respect and treat seniors	40.5	27.4	32.1	41.9	29.8	28.1
Schools provide opportunities to learn about aging and older people and involve older people in school activities	35.7	45.2	19.1	41.9	40.5	17.7

Table 14 (Cont.)
Survey Results: 4. Respect and Social Inclusion - Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
B. Inclusive Communities <i>In what ways does your community include, or not include you as an older person in activities and events?</i>						
Inclusive Communities						
Seniors are asked to participate at council meetings and similar activities and are recognized for their contributions	42.9	27.4	29.8	38.1	31.2	30.7
Seniors are regularly consulted by public, voluntary and commercial services on how to serve them better	31.0	27.4	41.7	25.6	33.0	41.4
Community-wide settings, activities and events attracted all generations by accommodating age specific needs and preferences	44.1	31.0	25.0	34.4	37.2	28.4
Services and products are provided to suit varying needs and preferences by public and commercial services	42.9	38.1	19.1	36.7	36.7	26.5
Seniors who are less well-off have access to public, voluntary and private services	31.0	44.1	25.0	21.9	42.3	35.8
Recognition Events or Awards						
Contributions of seniors, past and current, are honoured in the community through events	61.9	26.2	11.9	53.5	27.0	19.5
Seniors are “celebrated” through the media	45.2	27.4	27.4	51.6	27.4	20.9

Ability differences. As shown in Table 15, on all respect-and-inclusive-services items a lower percentage of the limited-ability than able-bodied respondents were in agreement with the statements. On respect shown seniors by the community and service providers, while the majority of both groups agreed, 9.3 per cent and 7.4 per cent fewer of the limited-ability respondents shared these opinions, respectively. The differences in the percentages disagreeing on the respect shown by the community were significant but not the difference on the respect shown by service providers. As to whether or not they were asked for input into community issues, a majority of the able-bodied agreed and only a minority of the limited-ability respondents concurred. The difference was significant (Agree: Able-bodied 55.1%; Limited-

ability 40.6%). However, on the actual accommodation of needs, only a minority of each group agreed and a significant minority disagreed but the differences in responses between the two groups were not significant. Similar results were obtained on the assessments of whether or not services and products provided by public and commercial services were varied to meet their needs: a minority of respondents agreed, a significant minority disagreed, and the differences between the responses of the able-bodied and limited-ability respondents were not significant. Thus, in summary, the majority of both the able-bodied and limited-ability respondents were of

Table 15
Survey Results: 4. Respect and Social Inclusion - Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
A. Respect and Social Inclusion						
<i>How does your community show, or not show, respect for you as a senior?</i>						
Respect, Kindness and Courtesy Shown						
Seniors are treated respectfully by the whole community, including; Addressed with appropriate titles	56.4	13.9	29.7	65.7	11.6	22.7
Asked for input on community issues	40.6	31.7	27.7	55.1	16.7	28.3
Provided accommodation of needs	38.6	33.7	27.7	43.4	32.3	24.2
Service staff are courteous and helpful	66.3	16.8	16.8	73.7	15.2	11.1
Older people are visible in the media, and are depicted positively without stereotyping	45.6	26.7	29.7	53.5	20.2	26.3
Intergenerational Respect and Interaction						
There are community activities that bring generations together,	53.5	29.7	16.8	55.1	22.2	22.7
Children and youth learn how to respect and treat seniors	39.6	29.7	30.7	41.9	29.3	28.8
Schools provide opportunities to learn about aging and older people and involve older people in school activities	36.6	45.5	17.8	41.4	40.0	18.2

Table 15 (Cont.)
Survey Results: 4. Respect and Social Inclusion - Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
B. Inclusive Communities <i>In what ways does your community include, or not include you as an older person in activities and events?</i>						
Inclusive Communities						
Seniors are asked to participate at council meetings and similar activities and are recognized for their contributions	37.6	30.7	31.7	40.9	29.3	29.8
Seniors are regularly consulted by public, voluntary and commercial services on how to serve them better	29.7	27.7	42.6	26.3	32.8	40.9
Community-wide settings, activities and events attracted all generations by accommodating age specific needs and preferences	28.7	41.6	29.7	41.4	32.3	26.3
Services and products are provided to suit varying needs and preferences by public and commercial services	32.7	36.6	30.7	41.4	37.4	21.2
Seniors who are less well-off have access to public, voluntary and private services	21.8	46.5	31.7	25.8	40.9	33.3
Recognition Events or Awards						
Contributions of seniors, past and current, are honoured in the community through events	49.5	31.7	18.8	59.1	24.2	16.7
Seniors are “celebrated” through the media	36.6	38.6	24.8	56.6	21.7	21.7

the opinion that they were treated respectfully in the community and by service providers. A significant minority of each ability group held that seniors were not treated respectfully and addressed appropriately by the whole community. A significantly lower proportion of the limited-ability group than the able-bodied group held the opinion that they were asked for input on community issues. Only a minority of both the able-bodied and limited-ability respondents believed their needs for accommodation were met, and a significant minority of both groups disagreed. On whether or not services and products provided by public and commercial services were varied to meet their needs, a minority of respondents agreed, a significant minority

disagreed, and the differences between the responses of the able-bodied and limited-ability respondents were not significant. It would appear the seniors were respected but were not provided inclusive services.

Conclusion

It would appear that while the majority of respondents held they were respected in the community and by service providers, a minority agreed respect was shown through requests for input information, and a smaller minority agreed the actual services reflected their varying needs and preferences. The sexes agreed on the positive nature of the respect shown by the community and service providers, and on both interactions and seniors input on community issues. However, there were significant differences between the sexes in their assessment of the provision of inclusive services – generally females were less favourable in their assessments than males. The majority of both the able-bodied and limited-ability respondents were of the opinion that they were treated respectfully in the community and by service providers. A significant minority of each ability group held that seniors were not treated respectfully and addressed appropriate by the whole community. A significantly lower proportion of the limited-ability group than the able-bodied group held the opinion that they were asked for input on community issues. Only a minority of both the able-bodied and limited-ability respondents believed their needs for accommodation were met, and a significant minority of both groups disagreed. On whether or not services and products provided by public and commercial services were varied to meet their needs, a minority of respondents agreed, a significant minority disagreed, and the differences between the responses of the able-bodied and limited-ability respondents were not significant. Thus, it would appear the seniors were treated respectfully but not provided inclusive services.

5.6.3.2 Public images of aging

Total sample

The following item statement stems addressed the Public Images of Aging theme of the Respect and Social Inclusion Dimension:

- Older people are visible in the media, and are depicted positively without stereotyping; and,
- Seniors are “celebrated” through the media.

As shown in Table 13, while fifty per cent of the respondents agreed that older people were visible and depicted positively in the media, 27.5 per cent disagreed. Similar results were obtained on the celebration of seniors in the media: 49.7 per cent of the respondents agreed and 22.9 per cent disagreed. Thus, it would appear that while a bare majority of seniors believed the media projected a favourable public image of aging, a very significant minority disagreed. The issue of public image projected by the media had low centrality of interest and concern among the respondents.

Differences – Sex and Ability Limitations

Sex differences. Inspection of Table 14 showed that a significant majority of males agreed that older people were visible in the media and depicted positively but only a minority of females concurred (Agree: Males 61.9%; Females 46.1%). The difference was significant. Conversely, although not a significant difference, on the media celebrating seniors, the majority of females and a minority of males were in agreement (Agree: Females 51.6%; Males 45.2%). Thus, the only significant difference between the responses of the sexes was the higher assessment of the visibility and positive depiction of seniors in the media by the males than the females. A significant minority of respondents in both groups disagreed with the statements on the media's depiction of the public image of aging.

Ability differences. When the responses were classified on the basis of whether or not the respondent had ability limitations, no differences between the groups were exhibited on their assessments of the visibility and depiction of seniors in the media but a majority of able-bodied agreed and only a minority of the limited-ability concurred. However, on the media's celebration of seniors, a significantly lower percentage of the limited-ability respondents agreed (Agree: Limited-ability 36.6%; Able-bodied 56.6%) Thus, it would appear that the limited-ability respondents had a less positive assessment of the public image of seniors depicted by the media than did the able-bodied individuals.

Conclusion

The issue of public image projected by the media had low centrality of interest and concern among the respondents. However, it would appear that while a bare majority of seniors believed the media projected a favourable public image of aging, a very significant minority disagreed. The only significant difference between the responses of the sexes was the higher assessment of the visibility and positive depiction of seniors in the media by the males than the females. A significant minority of respondents in both groups disagreed with the statements on the media's depiction of the public image of aging. The limited-ability respondents had a less positive assessment of the public image of seniors depicted by the media than did the able-bodied seniors.

5.6.3.3 Intergenerational and family interactions

The following item statement stems addressed the Intergenerational and Family Interactions theme of the Respect and Social Inclusion Dimension:

- There are community activities that bring generations together; and,
- Children and youth learn how to respect and treat seniors.

Inspection of Table 13 showed a majority (54.7%) of the seniors believed there were community activities that bring generations together – 20.6 per cent disagreed. However, only a minority (41.4%) believed children and youth learn how to respect and treat seniors – 29.1 per cent disagreed. In both cases, the percentage of participants not responding or indicating they were not sure was high (24.8% and 29.5%). This in itself may indicate a lack of intergenerational contact. Thus, while a majority of respondents believed there were intergenerational activities and a minority believed children and youth learn how to respect and treat seniors, the high

percentage of NR/not sure responses may indicate there has been a lack of intergenerational contacts.

Differences – Sex and Ability Limitations

Sex differences. As shown in Table 14, while there were not significant differences between the sexes in the percentages agreeing with the statements, in each case a higher percentage of males than females disagreed..

Ability differences. No significant differences between the responses of able-bodied and limited-ability respondents were revealed.

Conclusion

While a majority of respondents believed there were intergenerational activities and a minority believed children and youth learned how to respect and treat seniors, the high percentage of NR/not sure responses may indicate there has been a lack of intergenerational contacts. There were no significant differences among the sexes and limited-ability groups on their assessment of the presence of intergenerational and family interactions.

5.6.3.4 Public education

Total sample

Only the following item addressed the Public Education theme of the Respect and Social Inclusion Dimension:

- Schools provide opportunities to learn about aging and older people, and involve older people in school activities.

As shown in Table 13, 42.1 per cent of the respondents were unsure or did not know whether or not the schools provided opportunities to learn about aging and older people, or involved older people in school activities. Nearly 40 per cent believed schools provided these opportunities and 18.2 per cent disagreed. Thus, it would appear only a minority of seniors believed the schools were providing public education on aging and older people.

Differences – Sex and Limited Ability

Sex differences. When the responses were classified on the basis of the sex of the respondent, as shown in Table 14, no sex difference in responses was revealed.

Limited ability differences. Inspection of Table 15 showed the responses of the limited-ability and able-bodied respondents did not differ significantly

Conclusion

A large percentage of the respondents were unsure or did not know whether or not the schools provided opportunities to learn about aging and older people, and involved older people in

school activities. A minority of seniors believed the schools were providing such educational opportunities. No sex or ability differences in responses were revealed.

5.6.3.5 Community inclusion

Total sample

The following items addressed the Community Inclusion theme of the Respect and Social Inclusion Dimension:

- Seniors are asked to participate at council meetings and similar activities and are recognized for their contribution;
- Seniors are regularly consulted by public, voluntary and commercial services on how to serve them better;
- Community-wide settings, activities and events attracted all generations by accommodating age specific needs and preferences; and,
- Contributions of seniors, past and current, are honoured in the community through events.

Inspection of Table 13 showed generally one-third of the respondents indicated, in response to the community inclusion item, they were unsure or did not respond, another third disagreed with the inclusion item, and the final third agreed. A bare majority of seniors agreed the contributions of seniors were honoured by the community. The largest minorities agreed on the civic participation and the accommodation items; and, disagreed on the consultation item. Thus, while there was no general agreement among the seniors on the community inclusiveness of Saskatoon, a majority believed the contributions of seniors were recognized by the community, and the largest minorities agreed on the civic participation item and the item on the existence of community-wide activities and events attracting all generations by accommodating age-specific needs and preferences. On the negative side, the largest minority felt seniors were not regularly consulted on how to serve them.

Differences – Sex and Limited Ability

Sex differences. In general, male respondents believed Saskatoon was more community inclusive than did female respondents. As shown in Table 14, the largest differences were on the inclusiveness of community-wide events and on the recognition of the contributions of seniors. The percentages in agreement were 44.1 per cent and 34.4 per cent for males and females, respectively, on the inclusiveness of community events; and, 61.9 per cent and 53.5 per cent for males and females, respectively, on the recognition of the contributions of seniors. Thus, across all community-inclusion items, male seniors responded more favourably than females. Except for the recognition of contributions of seniors, those agreeing with the items were a minority. Over 40 per cent of males and females believed they were not regularly consulted by public, voluntary and commercial services on how to serve them better.

Limited ability differences. In general, those with ability limitations were less favourable in their responses to the inclusive-community items than those without such limitations. A significantly lower percentage of the limited-ability than able-bodied seniors believed

community-wide settings, activities and events attracted all generations by accommodating age-specific needs and preferences (Agree: Limited ability 28.7%; Able-bodied 41.4%). Similarly, on their assessment of the recognition of contributions of seniors, while 49.5 per cent of the limited-ability seniors agreed, 59.1 per cent of the able-bodied seniors concurred. The limited-ability individuals were less positive on their assessment of the inclusiveness of the community than were the able-bodied individuals. Except on the recognition of the contribution of seniors, only a minority of both groups provided positive assessments.

Conclusion

While there was no general agreement among the seniors on the community inclusiveness of Saskatoon, a majority believed the contributions of seniors were recognized by the community. The largest minorities agreed on the civic participation and the existence of community-wide activities and events attracting all generations by accommodating age-specific needs and preferences. On the negative side, the largest minority felt seniors were not regularly consulted on how to serve them. Across all community-inclusion items, male seniors responded more favourably than did females. With the exception of the recognition of contributions of seniors, those agreeing with the items were a minority. Over 40 per cent of males and females believed they were not regularly consulted by public, voluntary and commercial services on how to serve them better. The limited-ability individuals were less positive on their assessment of the inclusiveness of the community than were the able-bodied individuals. Except on the recognition of the contribution of seniors, only a minority of both groups provided positive assessments.

5.6.3.5 Economic inclusion

Total sample

The following item addressed the Economic Inclusion theme of the Respect and Social Inclusion Dimension:

- Seniors who are less well-off have access to public, voluntary and private services.

As shown in Table 13, a substantial minority (43.1%) of the respondents did not respond or indicated they were not sure if the less well-off had access to services. Among the remaining, 32.5 per cent held the economically disadvantaged did not have access and 24.5 per cent believed they did. Less than a quarter of the respondents felt the less well-off had access to public, voluntary and private services.

Differences – Sex and Limited Ability

Sex differences. Inspection of Table 14 showed there were differences between the sexes in their assessment of the economic inclusiveness of Saskatoon. While a minority of both sexes believed the less well-off had access to public, voluntary and private services, only 21.9 per cent of the females versus 31.0 per cent of the males agreed. Conversely, 35.8 per cent of the females and 25.0 per cent of the males rejected the proposition. Thus, while the women respondents provided a much lower assessment of the economic inclusiveness of Saskatoon than did the males, only a minority of both sexes agreed it was and a significant minority disagreed. For most seniors, the index of centrality for this item was low.

Limited-abilities differences. There appeared to be no significant differences between the able-bodied and limited-ability individuals in their assessment of the economic inclusiveness of Saskatoon. As shown in Table 15, a significant minority of both groups disagreed with the proposition.

Conclusion

Less than a quarter of the respondents felt the less well-off had access to public, voluntary and private services. While the women respondents provided a much lower assessment of the economic inclusiveness of Saskatoon than did the males, only a minority of both sexes agreed it was and a significant minority disagreed. For most seniors, the index of centrality for this item was low. No significant difference between the able-bodied and limited-ability individuals in their assessment of the economic inclusiveness of Saskatoon was revealed. It would appear the seniors did not see Saskatoon as an economically inclusive community.

5.6.3.6 Summary and Conclusions of Quantitative Analysis of the Data on the Respect and Social Inclusion Dimension of an Age- friendly Community

Respectful and Inclusive Services

It would appear that while the majority of respondents held they were respected in the community and by service providers, only a minority agreed respect was shown through requests for input information, and a smaller minority agreed the actual services reflected their varying needs and preferences. The sexes agreed on the positive nature of the respect shown by the community and service providers, and on both interactions and seniors input on community issues. However, there were significant differences between the sexes in their assessment of the provision of inclusive services – generally females were less favourable in their assessments than males. The majority of both the able-bodied and limited-ability respondents were of the opinion that they were treated respectfully in the community and by service providers. A significant minority of each ability group held that seniors were not treated respectfully and were not addressed appropriate by the whole community. A significantly lower proportion of the limited-ability group than the able-bodied group held the opinion that they were asked for input on community issues. Only a minority of both the able-bodied and limited-ability respondents believed their needs for accommodation were met - a significant minority of both groups disagreed. On whether or not services and products provided by public and commercial services were varied to meet their needs, a minority of respondents agreed, a significant minority disagreed, and the differences between the responses of the able-bodied and limited-ability respondents were not significant. Thus, it would appear the seniors were treated respectfully but not provided inclusive services.

Public Images of Aging

The issue of public image projected by the media had low centrality of interest and concern among the respondents. However, it would appear that while a bare majority of seniors believed the media projected a favourable public image of aging, a very significant minority disagreed. The only significant difference between the responses of the sexes was the higher assessment of the visibility and positive depiction of seniors in the media by the males than the females. A significant minority of respondents in both groups disagreed with the statements on the media's

depiction of the public image of aging. The limited-ability respondents had a less positive assessment of the public image of seniors depicted by the media than did the able-bodied seniors.

Intergenerational and Family Interactions

While a majority of respondents believed there were intergenerational activities and a minority believed children and youth learned how to respect and treat seniors, the high percentage of NR/not sure responses may indicate there has been a lack of intergenerational contacts. There were no significant differences among the sex and limited-ability groups on their assessment of the presence of intergenerational and family interactions.

Public Education

A large percentage of the respondents were unsure or did not know whether or not the schools provided opportunities to learn about aging and older people, or involved older people in school activities. A minority of seniors believed the schools were providing such educational opportunities. No sex or ability differences in responses were revealed.

Community Inclusion

While there was no general agreement among the seniors on the community inclusiveness of Saskatoon, a majority believed the contributions of seniors were recognized by the community. The largest minorities agreed on the civic participation and the existence of community-wide activities and events attracting all generations by accommodating age-specific needs and preferences. On the negative side, the largest minority felt seniors were not regularly consulted on how to serve them. Across all community inclusion items, male seniors responded more favourably than did females. Except for the recognition of contributions of seniors, those agreeing with the items were a minority. Over 40 per cent of males and females believed they were not regularly consulted by public, voluntary and commercial services on how to serve them better. The limited-ability individuals were less positive on their assessment of the inclusiveness of the community than were the able-bodied individuals. With the exception of the recognition of the contribution of seniors, only a minority of both groups provided positive assessments.

Economic Inclusion

Less than a quarter of the respondents held the opinion that less well-off seniors had access to public, voluntary and private services. While the women respondents provided a much lower assessment of the economic inclusiveness of Saskatoon than did the males, only a minority of both sexes agreed it did and a significant minority disagreed. For most seniors, the index of centrality for this item was low. No significant difference between the able-bodied and limited-ability individuals in their assessment of the economic inclusiveness of Saskatoon was revealed. It would appear the seniors did not see Saskatoon as an economically inclusive community.

5.6.4 SUMMARY OF RESULTS: RESPECT AND SOCIAL INCLUSION

Respect and Inclusive Services

The majority of seniors felt that they were treated respectfully by the whole community (62.6%) and by services providers (71.5%). However, a minority agreed respect was shown through request for input information and a smaller minority agreed the actual services reflected their varying needs and preferences. Generally focus group participants identified that they felt

respected and included within Saskatoon. Respect was cited by participants as an issue for seniors as it is for any other age group and participants identified that inclusion was primarily dependent on the individual and their wish to be included within the community. However, some participants generally felt a lack of respect due to aspects of their life such as ethnicity, sexual orientation, disability, or mental illness. These participants expressed views of stigma from the community that discriminate against them and essentially identified it as the root cause of disrespect and isolation from the community.

Suggestions

- Reserved seating for seniors on buses is needed and shows inclusion of seniors
- Friendly visiting program for seniors needs to be developed
- There needs to be an effort to ensure the rights of people who are perceived to be different (including those with mental illnesses and people who are gay, lesbian, bisexual, and transgendered) are respected and they be subject to no different eligibility requirements for all services than other seniors
- Need age-friendly/sensitivity training
- Need cultural awareness programs to increase knowledge about cultural behaviours, for example about handshake, eye contact and tone

Public Images of Aging

Half of survey respondents (50%) agreed that older people were visible and depicted positively in the media. Similarly, 49.7 per cent of respondents agreed that older adults were celebrated in the media. The survey suggests that respondents agreed that seniors and images of aging are positively portrayed. Focus groups participants felt that more positive initiatives should be implemented to showcase positive images of aging and to counter existing stereotypes of seniors in our community.

Suggestions

- More programs are needed to counter the stereotypes of ageism; Saskatoon Council on Aging's Age Alive Project provides positive images of aging, helping to combat ageism

Intergenerational and Family Interactions

A majority of respondents (54.7%) stated that community activities allowed for intergenerational interaction, however 20.6 per cent of respondents disagreed with the statement. Furthermore, a minority of 41.4 per cent agreed that children and youth are taught how to respect and treat seniors. It should be noted that a high percentage of seniors (24.8 % and 29.5%) did not respond or indicated they were not sure. This may indicate a lack of intergenerational interaction in our community. This theme was of high importance to many focus group participants who stated that few intergenerational interaction programs exist in Saskatoon. The majority of participants stated more programs are needed to fill the void. Numerous participants noted the divide between generations (grandparents and grandchildren) due to new technology and emphasized that more programs are needed in our community to bring together people of different generations.

Suggestions

- Organizations serving seniors should take advantage of school programs in which students participate in community organizations
- Generally participants acknowledged the need for intergenerational interaction and the need to develop a social network between children and seniors
- Need to create friendly visiting program for seniors with disabilities, especially for those with no family and who need assistance to be included in social gatherings and events
- Seniors need programs that allow contact with children and animals
- A coordinator is needed to help facilitate adopt- a- grandparents program in Saskatoon
- SCOA should promote involvement of older adults in schools, programs that involved older persons telling stories or writing to them-should also be promoted
- A formal discussion with children on societal changes such as the impact of children spending too much time alone, technology, and its implication on respect for older adults should be developed and delivered

Public Education

A minority of 40 per cent of survey respondents agreed that schools provided opportunities to learn about aging and older people and also involved older people in school activities. However, 42.1 per cent of respondents did not know or did not respond. Focus group participants strongly expressed that linkage needs to be made between seniors and public schools to teach children/youth about aging and to correct any misconceptions they may have. Moreover, it was noted that formal education should be available for these students so that they are aware of the personality/behavioural changes that may occur with aging so that seniors are not stereotyped as incompetent members of our community.

Suggestion:

- Educational material about the aging process that explains changes in personality and behaviour needs to be developed and made readily available

Community Inclusion

There was no general agreement among participants on the theme of community inclusiveness as one-third agreed that community inclusiveness exists, one-third disagreed, and one-third did not respond. However, a majority of participants agreed that contributions made by seniors were recognized by the community. The largest minorities agreed on the civic participation and the existence of community-wide activities and events exists in Saskatoon which are accommodating to the needs of all age groups. However, respondents felt that seniors were not consulted on how to better serve seniors. The limited-ability individuals were less positive on their assessment of inclusiveness of the community than the able-bodied individuals. Focus group participants agreed with survey respondents in that they felt that the contributions of seniors are largely recognized but the needs of seniors are often ignored. Participants discussed other themes that survey respondents assessed under community inclusion in other areas of this report.

Suggestion:

- Seniors need support to get their needs addressed, thus the City needs a seniors' policy in place

Economic Inclusion

A substantial majority (43.1%) of survey respondents did not respond or indicated not sure to the statement assessing economic inclusion of seniors. Of those that responded, 32.5 per cent assessed negatively that economically disadvantaged seniors did not have access to public, voluntary, and private services, while the remaining 24.5 per cent assessed they did. Focus group participants did not address this direct theme under this dimension but did discuss economically disadvantaged seniors throughout the other dimensions in this report.

5.7 DIMENSION 6: CIVIC PARTICIPATION AND EMPLOYMENT

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Civic Participation and Employment*:

Older People do not stop contributing to their communities on retirement. Many continue to provide unpaid and voluntary work for their families and communities. In some areas, economic circumstances force older people to take paid work long after they should have retired. An age-friendly community provides options for older people to continue to contribute to their communities, through paid employment or voluntary work if they so choose, and to be engaged in the political process. (WHO Global Age-Friendly Cities Guide, p. 51)

Among these characteristics were the following:

1. Volunteering options;
2. Employment options;
3. Training;
4. Accessibility;
5. Civic participation;
6. Valued contributions;
7. Entrepreneurship;
8. Pay (p. 51-57)

5.7.1 Qualitative Results: Focus Groups

5.7.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon's *Civic Participation and Employment* from the focus group participants, in addition to the general question of "Is Saskatoon an age-friendly city?" the following specific orientation questions were posed:

Civic Participation and Employment

Can seniors participate in volunteer work, public affairs, community associations, municipal councils and paid work?

Consider –

-Support for volunteer work, like reimbursement of cost, transportation

- A choice of volunteer opportunities
- Employment choices are available
- There is accommodation for seniors with disabilities
- Seniors are encouraged to participate
- Training is offered
- Seniors are recognized and appreciated for their contributions
- Seniors are well represented on councils, boards, and committees

5.7.1.1.2 Volunteering Options/ Valued contribution

WHO descriptors. There is a range of options for older volunteers to participate. Voluntary organizations are well-developed, with infrastructure, training programmes, and a workforce of volunteer. The skills and interests of volunteers are matched to positions (e.g. register or database). Volunteers are supported in their voluntary work, for example by being provided with transportation or having the cost of parking reimbursed. Older people are respected and acknowledged for their contributions.

Observations

Seniors are valuable resources to the volunteer sector in Saskatoon as they were acknowledged for their wealth of knowledge and experiences. Most participants noted that their contribution to this area is readily welcomed, recognized, and usually positive. Participants cited that volunteerism is probably the highest among this age group than any other. While most participants noted many favourable experiences, a few mentioned that they felt unwelcomed and were assumed to have nothing else to do but volunteer.

Positive comments

- Seniors want to contribute to their community
- Saskatoon was mentioned as the “volunteer capital” of Canada
- Seniors are recognized for their contribution
- Seniors volunteer more often than other age groups and are welcomed to assist low income seniors with income taxes to fostering street cats
- Seniors are welcomed as volunteers (immunization clinic, Persephone, Children’s Festival, etc.)
- Some participants have experience as volunteers in hospitals, Home Care, schools and with faith based, amputee and LGBTQ organizations
- Lots of volunteer opportunities available can be found in Saskatoon and through Volunteer Saskatoon
- A participant noted her heavy involvement and volunteer work with Louis Riel days, Fire Festivals while having employment at A& W. She noted many opportunities available for seniors
- Volunteers are usually seniors and young people and not the in between.
- Volunteer opportunities at church and visiting/assisting residents of a dementia unit

Negative Comments

Some volunteers expressed they would volunteer if they knew what, where, when and how

- Sometimes there is a lack of respect for volunteers, and a report of volunteers being “humiliated” by staff and having their concerns dismissed.
- Some volunteers feel taken advantage of as expectations increased (attitude seems to be “You’re a senior, you’ve nothing else to do with your time.”)
- One participant reported a senior volunteer feeling not welcomed by staff members in busy RUH- ER but that they were welcomed in other areas of RUH to volunteer

Suggestions

- Focus group recommended SHR establish a volunteer ombudsman
- A clearing house of volunteers should be set up where people could put their names forward and potential volunteers could be matched with opportunities
- Schools should encourage seniors to volunteer

5.7.1.1.3 Employment options/ Valued contribution

WHO descriptors. There is a range of opportunities for older people to work. Policy and legislation prevent discrimination on the basis of age. Retirement is a choice, not mandatory. There are flexible opportunities, with options for part-time or seasonal employment for older people. Older people are respected and acknowledged for their contributions. Employers and organizations are sensitive to the needs of older workers. The benefits of employing older workers are promoted among employers

Observations

While there is no longer mandatory retirement in Saskatoon, many seniors who sought employment opportunities largely felt rejected by the professional employment sector. Seniors have found more opportunities in service industries and in casual/ short-term jobs. Many noted that while mandatory retirement has been abolished employers are still hesitant in hiring seniors.

Positive Comments

- Mandatory retirement has been abolished in Saskatchewan and people over 65 can remain working
- More seniors are working in paid positions especially as cashiers in stores and restaurants
- Opportunities to work at Tim Hortons, McDonalds, WalMart, Safeway
- A participant noted that his mother worked at WalMart for 5 years as a cashier and training was provided
- The Edward Centre hires older adults to look after funeral receptions and participants expressed their contribution and skills are recognized
- Senior who work are greeters at WalMart enjoy the socialization and pay
- Third Inning Labour shortage provides opportunities for part-time work
- Lots of casual labour opportunities and many retired tradesmen and professionals provide paid services through organizations such as Corp of Commissioners and Services for Seniors

Negative Comments

- Employers haven’t caught up with change in mindset that goes along with Human Rights-re 65 and retire mentality

- People who have retired can't access new paid employment
- Participant stated that she wished society would allow retired nurses and teachers to work
- Seniors have financial fragility and may need to work part-time
- Seniors find that they need jobs and are capable but there limited jobs available with the skills they possess
- Reports of age-based discrimination in hiring skilled secretaries were cited
- Freedom 55 is now passé, work is not available for late 50s and 60s and organizations are not rehiring retirees
- Government and public agencies are not hiring seniors but want to use them as unpaid volunteers
- Seniors who have retired from professional positions feel uncomfortable about applying for similar work because of new requirements and resources
- Two participants cited painful experience of looking for paid employment despite extensive experience as competent professionals with sought after skills and experiences
- Employment not readily available in Corman Park (Martensville) for seniors

Suggestions

- It was recommended pension plan and other issues be studied to determine their effects on difficulties older persons have in accessing paid employment
- There should be more allowable opportunities for employment income without losing or reduced benefits
- An appropriate performance review-should be in place and not be age related

5.7.1.1.4 Training

WHO descriptors. Training in post-retirement opportunities is provided for older workers. Retraining opportunities such as training in new technologies is available to older workers. Voluntary organizations provide training for their positions.

Observations

Some participants noted few training opportunities are available so that seniors are able to develop new skills. However, the majority of participants stated that extra training is generally not available to assist seniors to develop their work skills thus they have a difficult time finding meaningful employment.

Positive Comments

- Instruction is provided for some volunteer activities so seniors learn new skills
- Training opportunities are available to volunteers in a variety of roles (national health organizations, READ Saskatoon, H1N1 Clinics)
- At Bayshore nurses are older and not used to computerized services so training is provided for keyboarding etc.

Negative Comments

- Extra training opportunities are not generally made available to older workers approaching the former retirement age
- Without training older workers have difficulty transferring to other positions

- There is no training for computer illiterate volunteers

Suggestions

- Internships should be created so seniors can share their experience with younger people and can gradually move out of their roles at work
- Training programmes should be created to assist people over their 50s and wanting to work

5.7.1.1.5 Civic participation

WHO descriptors. Advisory councils, boards of organizations etc. include older people. Support exists to enable older people to participate in meetings and civic events, such as reserved seating, support for people with disabilities, aids for the hard of hearing, and transportation. Policies, programmes and plans for older people include contributions from older people. Older people are encouraged to participate.

Observations

Focus group participants had mixed opinions on this theme. While some stated that they added valuable contribution by participating in various board and committees, some felt unwelcomed due to their age. These participants felt that without current work connections they were not as welcomed or valued on various boards and committees as younger adults in the working force with connections. Many participants expressed positive outcomes of advocating at the local (municipal) level and having their needs met while some cited opposite experiences. Generally there was no consensus among focus group participants on this topic.

Positive Comments

- Contributions made by seniors to boards and committees allow for seniors to feel part of the community
- Some seniors felt they were well represented on boards and committees
- There are advantages to having older adults experiences on boards and committees
- The City publicizes vacancies on boards and invites citizens to apply
- Some seniors are actively engaged in dialogue with city officials about matters of concern to them. Examples include:
 - A senior strenuously argued the difficulties she would experience with front street garbage pick-up and encouraged neighbour to do the same
 - A senior complained about conditions of sidewalk and back alley
 - A senior questioned City Hall about the Town Hall clock ringing every 15 minutes night and day. The City was responsive in the situation described and agreed to senior's suggestions for changes
- Focus group participants (all of whom had disabilities) some of whom were in wheelchairs, other walked with walkers or independently) spoke of occasions when they advocated for people with disabilities in health care, with the City, in faith communities, and one had talked about her concerns with Saskatchewan Human Rights Commissioner
- People with disabilities have learned to advocate for their rights and for services. They have learned ways of informing staff in a variety of institutions and businesses

that facilities purported to be wheelchair accessible are not and to work with them in a way accommodations are made.

- There were many seniors are the City's Saskatoon Speaks initiative
- Participants who were members of the Seniors' Advisory Committee of the Primary Health Centre Southeast and are politically aware and involved. They have met with City Counsellors and have advocated for successfully for change regarding walking path, curb cutways, and need for crosswalk
- Some participants were vocal of their involvement within politics

Negative Comments

- Not all boards seem to be open for seniors to join as sometimes reservations are expressed about whether seniors are really welcomed in civic affairs or viewed as "recycled" with concerns that are old ideas and issues of yesterday
- Participants felt that there were not enough seniors on boards as people are sought after connections which tends to be younger adults
- There can be a disadvantage to have older adults as they have served over long time and can resist change
- Some participants noted having their concerns and suggestions ignored by City Counsellors

Suggestions

- University and SHR should publicize the need for community representation on committees such as research ethics and invite community participation
- Seniors' organizations should have proportionate representation on boards
- Boards should set limits on number of years or terms a member can serve without a break
- Seniors should use election times as an opportunity to talk to politicians about issues concerning them
- Seniors need to become more politically active and to recognize their importance as voters to politicians
- Organizations including senior's organizations should ask themselves if they are welcoming to newcomers

5.7.1.1.5 Entrepreneurship

WHO descriptor. There is support for older entrepreneurs and opportunities for self-employment (e.g. markets to sell farm produce and crafts, small business training, and micro-financing for older workers). Information designed to support small and home-based business is in a format suitable for older workers.

Theme not discussed

5.7.1.1.6 Pay/ Accessibility

WHO descriptor. Older workers are fairly remunerated for their work. Volunteers are reimbursed for expenses they incur while working. Older workers' earnings are not deducted from pensions and other forms of income support to which they are entitled. Opportunities for voluntary or paid work are known and promoted. Transportation to work is available. Workplaces are adapted to meet the needs of disabled people. There is no cost to the worker of participating in paid or volunteer work. There is support for organizations (e.g. funding or reduced insurance costs) to recruit, train and retain older volunteers.

Observations

As stated above under the theme *volunteer options*, many seniors found enjoyment and fulfillment from volunteering within our community. However, a majority of these volunteers expressed that there was a high cost in volunteering and identified it as the main barrier in volunteering.

Positive Comments

No comment

Negative Comments

- Cost of volunteering (paying for parking) deters seniors from volunteering
- There are costs affiliated with volunteering with no reimbursements

Suggestions

- Volunteers should receive some reimbursement for expenses parking and transportation
- Volunteers need to be compensated for volunteer work by means of a tax credit to encourage people who would like to volunteer but can't afford to; (example-delivering Meals on Wheels requires car, gas, and time)
- Volunteers should be provided complementary parking passes during hours of volunteer work
- SCOA should look into grants (funding) for reimbursement cost for seniors who volunteer

5.7.2. Focus Group Results: Comments and Issues

Seniors were noted as valuable resource to the volunteer sector and most participants noted that their contribution to this area is readily welcomed, recognized, and usually positive. Most participants noted many favourable experiences however few stated that they felt unwelcomed and were assumed to have nothing else to do but volunteer. Many seniors expressed enjoyment and fulfillment from volunteering in our community but noted the high cost of volunteering and identified it as one of the deterrence from volunteering.

Many seniors who sought employment opportunities largely felt rejected by the professional employment sector and stated that training is often not available to assist seniors to develop their work skills thus they have a difficult time finding meaningful employment.

Participants felt that without current work connections they were not as welcomed or valued on various boards and committees as younger adults in the work force with connections. Many participants expressed positive outcomes of advocating at the local (municipal) level and having their needs met while some cited opposite experiences.

5.7.3 Quantitative Results: Surveys

As a result of the item sampling, on the *Age-friendly civic participation and employment checklist*, the following aspects were addressed: (1) Volunteering Options; (2) Employment Options; (3) Training; (4) Accessibility; (5) Civic Participation; (6) Valued Contributions; (7) Entrepreneurship; and (8) Pay. All Civic Participation and Employment themes were addressed. The generic question addressed was “**What kind of Civic Participation and Employment Opportunities exist for seniors?**”

The percentages and means of the survey samples responses to the Civic Participation and Employment section of the Age-friendly Saskatoon Survey have been presented in Table 19. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents, thus, it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondents have an ability limitation, similar results have been presented in Tables 20 and 21, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.7.3.1 Volunteering options

Total sample

The statements posed to assess the Volunteering Options theme of the Civic Participation and Employment Dimension were the following:

- Volunteers are supported in their volunteer work – for example, provided transportation, reimbursement of costs and/or paying them;
- A range of volunteer opportunities is available that meets the interests of seniors;
- Volunteer options allow for intergenerational involvement; and,
- Opportunities for volunteering are flexible to accommodate seniors who travel or have other commitments.

Inspection of results reported in Table 19 showed a low index of centrality of interest or concern on the Volunteering Options items, in other words, a very significant proportion

Table 19
Survey Results: 6. Civic Participation and Employment Opportunities - Total Sample

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
<i>What kind of Civic Participation and Employment Opportunities exist for Seniors?</i>						
Volunteering						
Volunteers are supported in their volunteer work – for example, provided transportation, reimbursement of costs and/or paying them	41.1	6.3	35.8	15.6	1.3	2.2
A range of volunteer opportunities is available that meets the interests of seniors	28.5	2.7	14.6	50.0	4.3	2.8
Volunteering options allow for intergenerational involvement	38.7	1.7	9.9	44.7	5.0	2.9
Opportunities for volunteering are flexible to accommodate seniors who travel or have other commitments	39.7	2.0	11.3	41.4	5.6	2.8
Total Component						2.7
Employment						
There is a range of paid employment opportunities for seniors	51.3	6.0	25.5	16.2	1.0	2.3
Seniors are fairly compensated for their work	55.6	5.6	21.5	16.2	1.0	2.3
Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees	51.0	4.3	13.6	26.8	4.3	2.6
Workplaces are adapted to meet the needs of disabled people	49.7	5.3	16.6	26.5	2.0	2.5
Self-employment options for seniors are promoted and supported	57.6	5.0	20.9	15.6	1.0	2.3
Total Component						2.4
Civic Participation <i>Participation in public community affairs, like community associations and municipal councils</i>						
Accessibility						
Seniors with disabilities are accommodated in volunteer, civic or paid work	55.0	4.0	17.6	22.5	1.0	2.5

Table 19 (Cont.)
Survey Results: 6. Civic Participation and Employment Opportunities

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
<i>What kind of Civic Participation and Employment Opportunities exist for Seniors? (Cont.)</i>						
Civic Participation (Cont.)						
Encouragement to Participate						
Seniors are encouraged to volunteer and remain engaged in the community by providing them with flexible and accessible opportunities	35.4	3.0	12.6	45.4	3.6	2.8
Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of seniors	44.7	3.3	20.5	29.8	1.7	2.5
Total Component						2.7
Training Opportunities						
Seniors expected to use newer technologies in paid, civic or volunteer work are provided with appropriate training	54.3	3.3	21.9	18.9	1.7	2.4
Recognition and Appreciation						
Seniors are acknowledged for their contributions in volunteer, civic and paid work	32.5	2.0	16.9	44.7	4.0	2.8
Civic Participation						
Seniors are well represented on councils, boards and committees	36.8	4.6	29.8	26.2	2.7	2.4
TOTAL DIMENSION						2.54

of the seniors were not sure of what options were available or chose not to respond. A majority of respondents (54.3%) believed there was a range of volunteering opportunities available to meet the interests of seniors: only a small percentage disagreed. Similar results were obtained on assessments of the opportunities for volunteering options allowing for intergenerational involvement, and the presence of opportunities allowing for flexibility of involvement. However, only 16.9 per cent of the respondents agreed volunteers were provided support, such as transportation and reimbursement for expenses, in the conduct of their volunteering – 42.1 per cent of the respondents disagreed. Thus, it would appear the seniors believed they had opportunities to be engaged in the full-range of volunteer work but would not receive any compensation or reimbursement of expenses incurred in the conduct of this work.

Table 20
Survey Results: 6. Civic Participation and Employment Opportunities:
Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
<i>What kind of Civic Participation and Employment Opportunities exist for Seniors?</i>						
Volunteering						
Volunteers are supported in their volunteer work – for example, provided transportation, reimbursement of costs and/or paying them	17.9	39.3	42.9	16.7	41.9	41.4
A range of volunteer opportunities is available that meets the interests of seniors	63.1	23.8	13.1	50.7	30.2	19.1
Volunteering options allow for intergenerational involvement	54.8	33.3	11.9	47.4	40.9	11.6
Opportunities for volunteering are flexible to accommodate seniors who travel or have other commitments	51.2	35.7	13.1	45.1	41.9	13.0
Employment						
There is a range of paid employment opportunities for seniors	23.8	44.1	32.1	14.9	54.4	30.7
Seniors are fairly compensated for their work	25.0	50.0	25.0	14.4	57.7	27.9
Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees	39.3	40.5	20.2	27.9	54.9	17.2
Workplaces are adapted to meet the needs of disabled people	32.1	46.4	21.4	26.5	51.2	22.3
Self-employment options for seniors are promoted and supported	16.7	53.6	29.8	16.7	59.1	24.2
Civic Participation <i>Participation in public community affairs, like community associations and municipal councils</i>						
Accessibility						
Seniors with disabilities are accommodated in volunteer, civic or paid work	31.0	52.4	16.7	20.0	56.7	23.3

Table 20 (Cont.)
Survey Results: 6. Civic Participation and Employment Opportunities: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
<i>What kind of Civic Participation and Employment Opportunities exist for Seniors? (Cont.)</i>						
Civic Participation (Cont.)						
Encouragement to Participate						
Seniors are encouraged to volunteer and remain engaged in the community by providing them with flexible and accessible opportunities	47.6	34.5	17.9	49.3	35.8	14.9
Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of seniors	39.3	33.3	27.4	27.9	49.3	22.8
Training Opportunities						
Seniors expected to use newer technologies in paid, civic or volunteer work are provided with appropriate training	23.8	46.4	29.8	18.6	57.7	23.7
Recognition and Appreciation						
Seniors are acknowledged for their contributions in volunteer, civic and paid work	59.0	29.8	20.2	47.9	33.5	18.6
Civic Participation						
Seniors are well represented on councils, boards and committees	33.3	29.8	36.9	27.0	39.5	33.5

Differences – Sex and Abilities

Sex differences. As shown in Table 20, a significantly higher percentage of male than female respondents agreed the full-range of opportunities for volunteering was available to seniors (Agree: Males 63.1%; Females 50.7%). Again, on the opportunities for intergenerational involvement and on the flexibility associated with these opportunities, the males responded more favourably. The male and female respondents were in agreement on the lack of support for volunteers.

Table 21
Survey Results: 6. Civic Participation and Employment Opportunities:
Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
<i>What kind of Civic Participation and Employment Opportunities exist for Seniors?</i>						
Volunteering						
Volunteers are supported in their volunteer work – for example, provided transportation, reimbursement of costs and/or paying them	18.8	43.6	37.6	16.2	39.9	43.9
A range of volunteer opportunities is available that meets the interests of seniors	41.6	38.6	19.8	60.6	23.2	16.2
Volunteering options allow for intergenerational involvement	38.6	50.5	10.9	55.6	32.3	12.1
Opportunities for volunteering are flexible to accommodate seniors who travel or have other commitments	33.7	49.5	16.8	53.5	35.4	11.1
Employment						
There is a range of paid employment opportunities for seniors	9.9	55.5	34.7	21.2	49.5	29.3
Seniors are fairly compensated for their work	9.9	56.4	33.7	21.2	55.1	23.7
Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees	20.8	59.4	19.8	36.4	46.5	17.2
Workplaces are adapted to meet the needs of disabled people	22.8	53.5	23.8	31.3	47.5	21.2
Self-employment options for seniors are promoted and supported	9.9	59.4	30.7	20.2	56.6	23.2
<i>Civic Participation in public community affairs, like community associations and municipal councils</i>						
Accessibility						
Seniors with disabilities are accommodated in volunteer, civic or paid work	15.8	58.4	25.7	27.3	53.5	19.2

Table 21 (Cont.)

Survey Results: 6. Civic Participation and Employment Opportunities: Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
<i>What kind of Civic Participation and Employment Opportunities exist for Seniors? (Cont.)</i>						
Civic Participation (Cont.)						
Encouragement to Participate						
Seniors are encouraged to volunteer and remain engaged in the community by providing them with flexible and accessible opportunities	35.6	44.6	19.8	56.1	30.3	13.6
Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of seniors	19.8	55.5	24.8	37.4	38.9	23.7
Training Opportunities						
Seniors expected to use newer technologies in paid, civic or volunteer work are provided with appropriate training	12.9	57.4	29.7	24.2	52.5	23.2
Recognition and Appreciation						
Seniors are acknowledged for their contributions in volunteer, civic and paid work	41.6	35.6	22.8	52.5	30.3	17.2
Civic Participation						
Seniors are well represented on councils, boards and committees	30.7	36.6	32.7	27.8	36.9	35.4

Abilities differences. Inspection of Table 21 showed the limited-ability respondents rated their opportunities for volunteering significantly lower than did the able-bodied respondents. While 60.6 per cent of the able-bodied believed there was a full-range of opportunities, only 41.6 per cent of the limited-ability group agreed. On opportunities for intergenerational volunteering options, 55.6 per cent of the able-bodied agreed as did 38.6 per cent of the limited-ability. On the availability of flexible volunteering opportunities, 53.5 per cent of the able-bodied believed such opportunities were available while only 33.7 per cent of the limited-ability agreed. Thus, significantly fewer of the limited-ability seniors than able-bodied seniors believed the full-range of volunteering options were available to them. However, both groups agreed compensation and reimbursement support for volunteer work was not available.

Conclusion

The respondents believed they had opportunities to be engaged in the full-range of volunteer work but would not receive any compensation or reimbursement of expenses incurred in the conduct of this work. A significantly higher percentage of male than female respondents agreed the full-range of opportunities for volunteering was available to seniors, but there was agreement between the sexes on the lack of compensation and reimbursement for volunteer work.

Differences between the ability groups were most marked. Significantly fewer of the limited-ability seniors than able-bodied seniors believed the full-range of volunteering options were available to them. However, both groups agreed that compensation and reimbursement support for volunteer work was not available. It would appear the opportunities for volunteering were available to seniors but less so for females and those individuals with limiting abilities.

Compensation and reimbursement practices for volunteers were not prevalent.

5.7.3.2 Employment options

The following items addressed the Employment Options theme of the Civic Participation and Employment Dimension:

- There is a range of paid employment opportunities for seniors;
- Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees; and,
- Workplaces are adapted to meet the needs of disabled people.

The majority of respondents were unaware or disinterested in employment options. As shown in Table 19, only 17.2 per cent of the seniors believed there was a range of paid employment opportunities for seniors – 31.5 per cent of respondents disagreed and 51.3 per cent were not sure or didn't respond. On whether or not age discrimination was forbidden, 31.1 per cent believed it was, 17.9 per cent disagreed, and 51.0 per cent were unsure or did not respond. Only 28.5 per cent of the seniors believed the workplaces were adapted to meet the needs of disabled people – 21.9 per cent disagreed and 49.7 per cent were not sure or did not respond. Thus, it would appear only a minority of seniors were interested or concerned with employment opportunities, and of this minority only a few believed there was a range of available opportunities, discrimination was forbidden, and workplaces were adapted to meet the needs of the disabled.

Differences – Sex and Ability

Sex differences. Although a higher percentage of males than females believed there was a range of employment opportunities, discrimination was forbidden, and workplaces were adapted to meet needs of disabled people, as shown in Table 20, only on the discrimination item were the differences significant. Nevertheless, there was consensus among the sexes on the lack of a range of employment opportunities for seniors.

Ability differences. On all employment options, as shown in Table 21, there were significant differences between the able-bodied and limited-ability individuals on their responses to the items. Only 9.9 per cent of the limited-ability seniors believed there was a range of employment opportunities – 21.2 per cent of the able-bodied believed such a range was available. While 20.8 per cent of the disabled believed age discrimination was forbidden, 36.4 per cent of the able

concurrent. On the adaptation of the workplace to meet the needs of disabled people, 31.3 per cent of the able-bodied respondents agreed versus 22.8 per cent of the disabled respondents. Thus, while only a minority of respondents believed employment options were available to seniors, significantly fewer of the disabled seniors believed it so. However, for both the able and disabled, it would appear employment was not a central interest or concern.

Conclusion

It would appear only a minority of seniors were interested or concerned with employment opportunities, and of this minority only a few believed there was a range of available opportunities, discrimination was forbidden, and workplaces were adapted to meet the needs of the disabled. There was consensus among the sexes on the lack of a range of employment opportunities for seniors. While only a minority of respondents believed employment options were available to seniors, significantly fewer of the disabled seniors believed it so. However, for both the able and disabled, it would appear employment was not a central interest or concern.

5.7.3.3 Training

Total sample

Only the following item on the survey assessed the Training theme of the Civic Participation and Employment Dimension:

- Seniors expected to use newer technologies in paid, civic or volunteer work are provided with appropriate training.

As shown in Table 19, the majority of respondents (54.3%) was not sure or did not respond to the training item. Of the remainder, only 20.6 per cent agreed and 25.2 per cent disagreed with the availability of training. Thus, for the majority of seniors whether or not employment training was available was of little or no concern, and only a small minority of respondents believed such training was available.

Differences – Sex and Limited ability

Sex differences. No differences between the sexes in their responses to the training item were reported in Table 20.

Limited-ability differences. Significantly fewer disabled than able respondents agreed training opportunities were available. As shown in Table 21, while a small minority of both groups believed such training opportunities were available, the positive response by 12.9 per cent of the disabled was significantly smaller than the 24.2 per cent positive response rate of the able-bodied. Thus, the vast majority of the disabled respondents did not believe training opportunities were available or were unaware or disinterested in what was available. A similar disinterested rate was offered by the able-bodied respondents.

Conclusion

For the majority of seniors whether or not employment training was available was of little interest or no concern, and only a small minority of respondents believed such training was

available. No differences between the sexes in their responses to the training item were reported. However, significantly fewer disabled than able respondents agreed training opportunities were available. The vast majority of the disabled respondents did not believe training opportunities were available or were unaware or disinterested in what was available. A similar disinterested rate was offered by the able-bodied respondents.

5.7.3.4 Accessibility

Total sample

In order to measure the accessibility of opportunities for civic participation and employment by people with disabilities, the following statement was posited:

- Seniors with disabilities are accommodated in volunteer, civic or paid work.

As shown in Table 19, the majority of seniors (55.0%) did not respond or indicated they were not sure as to whether or not access to such opportunities was available. Only 23.5 per cent believed such opportunities were available and 21.6 per cent disagreed. Thus, the accommodation in volunteer, civic or paid work for persons with disabilities had a low index of centrality and was an issue for only a small minority of the respondents.

Differences – Sex and Ability

Sex differences. Although it was only a minority view, a significantly higher percentage of males than females believed seniors with disabilities were accommodated in volunteer, civic or paid work (Table 20: Agree: Males 31.0%; Females 20.0%). However, the majority of respondents of both sexes were not sure whether or not such accommodation occurred.

Ability differences. As shown in Table 21, only a small minority (15.8%) of the limited-ability respondents believed seniors with disabilities were accommodated – 25.7 per cent disagreed. The vast majority of both the able-bodied and limited-ability seniors were not sure. Thus, it would appear that the availability in Saskatoon of volunteer, civic or paid work designed to accommodate seniors with disabilities was of special concern to a minority of the disabled respondents but not of general concern to the population of seniors.

Conclusion

The accommodation in volunteer, civic or paid work for persons with disabilities had a low index of centrality and was an issue for only a small minority of the respondents. Although it was only a minority view, a significantly higher percentage of males than females believed seniors with disabilities were accommodated in volunteer, civic or paid work. However, the majority of respondents of both sexes were not sure whether or not such accommodation occurred. From the analysis of the responses of able-bodied and limited ability respondents, it was concluded the availability in Saskatoon of volunteer, civic or paid work designed to accommodate seniors with disabilities was of special concern to a minority of the disabled respondents but not of general concern to the population of seniors.

5.7.3.5 Civic participation

Total sample

The following statements served as the stems for survey items assessing the Civic Engagement theme of the Civic Participation and Employment Opportunities Dimension of an Age-friendly Community:

- Seniors are well represented on councils, boards and committees;
- Seniors are encouraged to volunteer and remain engaged in the community by providing them with flexible and accessible opportunities; and,
- Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of seniors.

As shown in Table 19, as to whether or not seniors were well represented on councils, boards and committees, the responses were equally divided among the not sure, agree and disagree response alternatives. Only 28.9 per cent believed seniors were well- represented. In response to the encouragement to participate items, substantial minorities of the seniors were not sure if such encouragement existed. A near majority (49.0%) of the seniors believed opportunities for civic participation were flexible and accessible. However, when asked if the decision-making bodies encouraged and facilitated membership of seniors, the percentage in agreement dropped to 31.5 per cent. Thus, while the seniors generally believed the opportunities for civic participation were available, few respondents believed seniors were well-represented on councils, boards and committees, and fewer still believed these decision-making bodies encouraged the participation of seniors.

Differences – Sex and Abilities

Sex differences. Inspection of Table 20 showed no significant differences between the sexes in their belief that seniors were well represented on councils, boards and committees. In both cases, only a minority believed seniors were well-represented. On the encouragement to participate items, no sex differences were found in the responses on the availability of flexible and accessible opportunities but significantly more males than females believed the decision-making bodies were actually encouraging seniors to participate (Agree: Males 39.3%; Females 27.9%). Thus, while nearly half the male and female seniors believed flexible and accessible opportunities for civic engagement were available, a significantly larger minority of males than females (Males 39.3%; Females 27.9%) believed the decision-making bodies were actually encouraging seniors to do so.

Ability differences. While the responses of the able-bodied and limited-ability respondents were very similar in their belief that seniors were well-represented on decision-making boards, a significantly lower percentage of the limited-ability respondents believed seniors were facilitated or encouraged by the decision-making bodies to do so. As shown in Table 21, only a minority of both groups believed seniors were well-represented (Agree: Limited-ability 30.7%; Able-bodied 27.8%). The majority of able-bodied respondents (56.1%) believed seniors were provided with flexible and accessible opportunities but only a minority (35.6%) of the limited-ability respondents concurred – this was a significant difference of 20.5 per cent. Again, as to whether

or not decision-making bodies encouraged the involvement of seniors, only 37.4 per cent of the able-bodied agreed and a significantly lower percentage of 19.8 per cent of the limited-ability respondents concurred. It would appear a significantly lower percentage of the limited-ability respondents than the able-bodied respondents had a favourable assessment of the level of encouragement for seniors to be civically engaged in Saskatoon.

Conclusion

While the seniors generally believed the opportunities for civic participation were available, few respondents believed seniors were well-represented on councils, boards and committees, and fewer still believed these decision-making bodies encouraged the participation of seniors. Only a minority of both sexes believed seniors were well-represented on decision-making bodies. While nearly half the male and female seniors believed flexible and accessible opportunities for civic engagement were available, a significantly larger minority of males than females believed the decision-making bodies were actually encouraging seniors to do so. The responses of the able-bodied and limited-ability respondents were very similar in their belief that seniors were well-represented on decision-making board, but a significantly lower percentage of the limited-ability respondents believed seniors were facilitated or encouraged by the decision-making bodies to be engaged. A significantly lower percentage of the limited-ability respondents than the able-bodied respondents had a favourable assessment of the level of encouragement for seniors to be civically engaged in Saskatoon.

5.7.3.8 Valued contribution

Total sample

Only the following item was designed to address the Valued Contribution theme of the Civic Participation and Employment Opportunities Dimension:

- Seniors are acknowledged for their contributions in volunteer, civic and paid work.

As shown in Table 19, while 32.5 per cent of the respondents were not sure as to whether or not the contributions of seniors were recognized and appreciated, a near majority of 48.7 per cent of the respondents believed they were. Only 18.9 per cent of the seniors believed seniors' contributions were not acknowledged. Thus, while recognition and appreciation for the contributions of seniors had a low index of centrality, three times as many seniors agreed than disagreed with the statement that the contributions of seniors were adequately recognized.

Differences – Sex and Ability

Sex differences. Inspection of the results shown in Table 20 indicated a significantly higher percentage of males than females believed the contributions of seniors were acknowledged (Agree: Male 59.0%; Female 47.9%).

Ability differences. As shown in Table 21, a significantly lower percentage of the limited-ability seniors than able-bodied seniors believed seniors were acknowledged for their contribution (Agree: Limited-ability 41.6%; Able-bodied 52.5%).

Conclusion

While recognition and appreciation for the contributions of seniors had a low index of centrality, three times as many seniors agreed than disagreed with the statement that the contributions of seniors were adequately recognized. A significantly higher percentage of males than females believed the contributions of seniors were acknowledged. A significantly lower percentage of the limited-ability seniors than able-bodied seniors believed seniors' contributions were acknowledged. It would appear recognition and appreciation of the contributions of seniors was only a minor issue among seniors in Saskatoon.

5.7.3.9 Entrepreneurship

Total sample

“Self-employment options for seniors are promoted and supported” was the only statement in the Age-friendly Saskatoon Survey designed to address the Entrepreneurship theme of the Civic Participation and Employment Opportunities Dimension.

As shown in Table 19, this issue of entrepreneurship was of little concern to the respondents: 57.6 per cent did not respond or indicated they were unsure. Only 16.6 per cent of the respondents believed self-employment options for seniors were promoted and supported in Saskatoon – 25.9 per cent disagree. It would appear the promotion of entrepreneurship among seniors in Saskatoon was of low general interest and concern, and of specific concern to only a small minority.

Differences – Sex and Ability

Sex differences. No differences between the responses of the two sexes were shown in Table 20. Thus, the sexes share the same beliefs on the promotion of the self-employment option in Saskatoon.

Ability differences. Significantly fewer limited-ability than able-bodied individuals believed self-employment options for seniors were promoted and supported. As shown in Table 21, only 9.9 per cent of the limited-ability group believed entrepreneurship among seniors was promoted – 20.2 per cent of the able-bodied group agreed.

Conclusion

It would appear the promotion of entrepreneurship among seniors in Saskatoon was of low general interest and concern, and of specific concern to only a small minority of seniors. Members of both sexes share the same beliefs on the promotion of the self-employment option in Saskatoon. Significantly fewer limited-ability than able-bodied individuals believed self-employment options for seniors were promoted and supported.

5.7.3.10 Pay

Total sample

Under the Pay aspect of the Employment Opportunities theme of the Civic Participation and Employment Opportunities Dimension, the survey included only the statement “Seniors are fairly compensated for their work.” Compensation and reimbursement for volunteer work was addressed under the Volunteering theme.

In response to compensation for work statement, as shown in Table 19, a majority (55.6%) of seniors indicated they were not sure or did not respond. This would indicate the Pay theme had low centrality of interest and concern. While only 17.2 per cent of the sample agreed seniors were fairly compensated, 27.1 per cent disagreed. It would appear work compensation was not an issue for the majority of seniors in Saskatoon but was an issue for a significant minority.

Differences – Sex and Ability

Sex differences. As shown in Table 20, while the majority of male and female respondents had little interest or concern on whether or not seniors were fairly compensated for their work, a significantly higher percentage of males than females believed seniors were (Agree: Males 25.0%; Females 14.4%). More males and females disagreed than agreed with the fair compensation statement.

Ability differences. Inspection of the results reported in Table 21 showed the same low level of agreement on the Pay theme as was shown over the majority of employment items. While for the majority of respondents work compensation was of no interest or concern, only 9.9 per cent of the limited-ability individuals believed fair pay compensation was available to seniors - 30.7 per cent disagreed. Thus, while there was little concern with pay compensation among the general population of seniors, a significant minority of limited-ability individuals saw fair compensation as a real issue.

Conclusion

Work compensation for seniors was not an issue for the majority of seniors in Saskatoon but was an issue for a significant minority. More males and females disagreed than agreed with the fair compensation statement but a significantly higher percentage of males than females agreed. While there was little concern with pay compensation among the general population of seniors, a significant minority of limited-ability individuals saw fair compensation as a real issue.

5.7.3.11 Summary and Conclusions of Quantitative Analysis of the Data on the Civic Participation and Employment Dimension of an Age-friendly Community

The following is a compilation of the results of the analysis of the quantitative data derived from the 302 participants’ responses to the Civic Participation and Employment Dimension statements in the Age-friendly Saskatoon Survey:

Volunteering Options

The respondents believed they had opportunities to be engaged in the full-range of volunteer work but would not receive any compensation for or reimbursement of expenses incurred in the conduct of this work. A significantly higher percentage of male than female respondents agreed the full-range of opportunities for volunteering was available to seniors, but there was agreement between the sexes on the lack of compensation and reimbursement for volunteer work.

Differences between the ability groups were most marked. Significantly fewer of the limited-ability seniors than able-bodied seniors believed the full-range of volunteering options was available to them. However, both groups agreed that compensation and reimbursement support for volunteer work was not available. It would appear the opportunities for volunteering were available for seniors but less so for females and those individuals with limited abilities.

Compensation and reimbursement practices for volunteers were not prevalent.

Employment Options

It would appear only a minority of seniors was interested or concerned with employment opportunities and of this minority only a few believed there was a range of available opportunities, discrimination was forbidden, and workplaces were adapted to meet the needs of the disabled. There was consensus among the sexes on the lack of a range of employment opportunities for seniors. While only a minority of respondents believed employment options were available to seniors, significantly fewer of the disabled seniors believed it so. However, for both the able and disabled, it would appear employment was not a central interest or concern.

Training

For the majority of seniors whether or not employment training was available was of little or no concern: only a small minority of respondents believed such training was available. No differences between the sexes in their responses to the training item were reported. Significantly fewer disabled than able respondents recognized training opportunities were available.

However, the vast majority of the disabled respondents did not believe training opportunities were available or were unaware or disinterested. A similar disinterested rate was offered by the able-bodied respondents.

Accessibility

The accommodation in volunteer, civic or paid work for persons with disabilities had a low index of centrality and was an issue for only a small minority of the respondents. Although it was only a minority view, a significantly higher percentage of males than females believed seniors with disabilities were accommodated in volunteer, civic or paid work. However, the majority of respondents of both sexes were not sure whether or not such accommodation occurred. From the analysis of the responses of able-bodied and limited ability respondents, it was concluded the availability in Saskatoon of volunteer, civic or paid work designed to accommodate seniors with disabilities was of special concern to a minority of the disabled respondents but not of general concern to the population of seniors.

Civic participation

While the seniors generally believed the opportunities for civic participation were available, few respondents believed seniors were well-represented on councils, boards and committees, and fewer still believed these decision-making bodies encouraged the participation of seniors. Only a

minority of both sexes believed seniors were well-represented on decision-making bodies. While nearly half the male and female seniors believed flexible and accessible opportunities for civic engagement were available, a significantly larger minority of males than females believed the decision-making bodies were actually encouraging seniors to do so. The responses of the able-bodied and limited-ability respondents were very similar in their belief that seniors were well-represented on decision-making boards, but a significantly lower percentage of the limited-ability respondents believed seniors were facilitated or encouraged by the decision-making bodies to be engaged. A significantly lower percentage of the limited-ability respondents than the able-bodied respondents had a favourable assessment of the level of encouragement for seniors to be civically engaged in Saskatoon.

Valued contribution

While recognition and appreciation for the contributions of seniors had a low index of centrality, three times as many seniors agreed than disagreed with the statement that the contributions of seniors were adequately recognized. A significantly higher percentage of males than females believed the contributions of seniors were acknowledged. A significantly lower percentage of the limited-ability seniors than able-bodied seniors believed seniors' contributions were acknowledged. It would appear recognition and appreciation of the contributions of seniors was only a minor issue among seniors in Saskatoon.

Entrepreneurship

It would appear the promotion of entrepreneurship among seniors in Saskatoon was of low general interest and concern, and of specific concern to only a small minority of seniors. Members of both sexes share the same beliefs on the promotion of the self-employment option in Saskatoon. Significantly fewer limited-ability than able-bodied individuals believed self-employment options for seniors were promoted and supported.

Pay

Work compensation for seniors was not an issue for the majority of seniors in Saskatoon but was an issue for a significant minority. More males and females disagreed than agreed with the fair compensation statement but a significantly higher percentage of males than females agreed. While there was little concern with pay compensation among the general population of seniors, a significant minority of limited-ability individuals saw fair compensation as a real issue

5.7.4 SUMMARY OF RESULTS: CIVIC PARTICIPATION AND EMPLOYMENT

Volunteering Options

Survey respondents felt that numerous options were available for them to be engaged in a full-range of volunteer work though significantly fewer limited-bodied individuals agreed that such opportunities are made available to them. Generally, survey respondents agreed that compensation and reimbursements were not available for volunteer work. Seniors were perceived as valuable resources to the volunteer sector in Saskatoon as they were perceived to bring a wealth of knowledge and experience. While most participants noted many favourable experiences, a few mentioned that they felt unwelcomed and were assumed to have nothing else

to do but volunteer. Focus group participants were in agreement with survey respondents that reimbursement for volunteering in our community is non-existent.

Suggestions

- Focus group recommended SHR establish a volunteer ombudsman
- A clearing house of volunteers should be set up where people could put their names forward and potential volunteers could be matched with opportunities
- Schools should encourage seniors to volunteer

Employment Options

Employment was not of central interest to the survey respondents though a minority believed there was a range of available opportunities, discrimination was forbidden, and workplaces were adapted to meet the needs of disabled. However, focus group participants who sought employment opportunities largely felt rejected by the professional employment sector. Many noted even with the abolishment of mandatory retirement, hesitation exists on hiring seniors.

Suggestions

- It was recommended pension plan and other issues be studied to determine their effects on difficulties older persons have in accessing paid employment
- There should be more allowable opportunities for employment income without losing or reduced benefits
- An appropriate employment performance review-should be in place and not be age related

Training

Training opportunities were of no or minimum concern to survey respondents, a small minority of respondents believed such training was available. Contrary, focus group participants noted few training opportunities available to assist seniors to develop their work skills.

Suggestions

- Internships should be created so seniors can share their experience with younger people
- Training programmes should be created to assist people who are over 50 and wanting to work

Accessibility

The accommodation in volunteer, civic or paid work for persons with disabilities was an issue for only a small minority of the respondents. From the survey analysis it can be concluded that the availability in Saskatoon of volunteer, civic or paid work designed to accommodate seniors with disabilities was of special concern to a minority of the disabled respondents but not of general concern to the population of seniors. This particular theme was not directly discussed during the focus groups.

Civic Participation

While the survey respondents generally believed the opportunities for civic participation were available, few respondents believed seniors were well-represented on councils, boards and

committees, and fewer still believed these decision-making bodies encouraged the participation of seniors. While some focus group participants stated that they added valuable contribution by participating in various board and committees, some felt unwelcomed due to their age. These participants felt that without current work connections they were not as welcomed or valued on various boards and committees as younger adults in the working force with connections. Many focus group participants expressed positive outcomes of advocating at the local (municipal) level and having their needs met while some cited opposite experiences. There was no consensus among focus group participants on this theme.

Suggestions

- University and SHR should publicize the need for community representation on committees such as research ethics and invite community participation
- Seniors' organizations should have proportionate representation on boards
- Boards should set limits on number of years or terms a member can serve without a break
- Seniors should use election times as an opportunity to talk to politicians about issues concerning them
- Seniors need to become more politically active and to recognize their importance as voters to politicians
- Organizations including seniors' organizations should ask themselves if they are welcoming of newcomers

Valued Contribution

Recognition of seniors within our community for their contribution was of low interest to survey respondents although of those who responded, the majority (48.7 %) believed seniors were recognized for their contributions. Generally, focus group participants noted that seniors were recognized and appreciated for their contributions.

Entrepreneurship

Entrepreneurship was of low concern to both survey respondents and focus group participants. Those who responded felt opportunities were available for self-employment. Focus group participants did not delve into this topic as it was of low interest.

Pay

Work compensation was not an issue for a majority of seniors in Saskatoon with 55.6 per cent not sure or did not respond under this theme. Of those who responded only 17.2 per cent agreed seniors were compensated. This topic was not discussed within focus groups. Rather participants discussed the high cost and minimum compensation for volunteer work.

Suggestions

- Volunteers should receive some reimbursement for expenses parking and transportation
- Volunteers need to be compensated for volunteer work by means of a tax credit to encourage people who would like to volunteer but can't afford to; (example-delivering Meals on Wheels requires car, gas, and time)

- Volunteers should be provided complementary parking passes during hours of volunteer work
- SCOA should look into grants (funding) for reimbursement cost for seniors who volunteer

5.8 DIMENSION 7: COMMUNICATIONS AND INFORMATION

5.8.0 Dimension Framework: Communications and Information

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Communication and Information*:

Focus group participants strongly agree that staying connected with events and people and getting timely, practical information to manage life and meet personal needs is vital for active ageing. Participants in most cities in the developed world say there is a variety of information from many different general and specialized media for older people, while in cities in developing countries, people in the focus groups emphasize a few community-wide media, mostly television, radio and newspapers. Yet the fear of missing information and of being left out of the mainstream is voiced almost everywhere. Rapidly evolving information and communication technologies are both welcomed as useful tools and criticized as instruments of social exclusion. Regardless of the variety of communication choices and the volume of information available, the central concern expressed in the focus groups is to have relevant information that is readily accessible to older people with varying capacities and resources. (WHO Global Age-Friendly Cities Guide, p. 66)

5.8.1 Qualitative Results: Focus Groups

5.8.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon's *Communication and Information* from the focus group participants, in addition to the general question of "Is Saskatoon an age-friendly city?" the following specific orientation questions were posed:

Communication and Information

What is your experience getting the information you need in your community, for example, about services or events? How do you get information-phone, radio, tv, in print, or in person

Consider –

- How interesting information is provided
- Reliable information is easily available from local government and organizations
- There is a central directory about available activities and services
- Communication is easy to understand
- Information is easy to find
- Information is easy to read
- New technologies, such as banking services are easy to use

5.8.1.1.2 Information offer

WHO descriptor. • A basic, universal communications system of written and broadcast media and telephone reaches every resident. Regular and reliable distribution of information is assured by government or voluntary organizations. Information is disseminated to reach older people close to their homes and where they conduct their usual activities of daily life. Information dissemination is coordinated in an accessible community service that is well-publicized – a “one-stop” information centre. Regular information and programme broadcasts of interest to older people are offered in both regular and targeted media.

Observations. Focus group participants recognized the importance of information to them and their families, especially those in caregiving roles. As one participant put it, “You need information to be able to look after yourself.” They stated seniors have no idea what information is available on issues of interest to them, what questions to ask or where to go. They told us seniors’ access to information is affected by education, income and family status. Older adults who are educated, affluent and have family are more likely to be able to access the information they need while those who are less educated, less affluent and without children are less likely. A move to Saskatoon from rural or other urban areas compounds difficulties. “I haven’t been able to find the activities and groups I used to go to when I lived in Regina,” a participant told us. Information about activities and events was particularly difficult to find. “I hear about a great program in my neighbourhood but can’t find out where to get the details so I can join,” another said.

Positive Comments

Participants cited the following as good sources of information but pointed to the lack of awareness of these resources by people of all ages:

- The information desk at the public library has information about services that can be accessed in person or by phone. “I commend the library for their helpfulness,” more than one participant told us.
- TV is a good medium to get information to seniors because most seniors watch TV.
- People of all ages who are hard of hearing or deaf appreciate adaptations such as Caption TV.
- SCOA Resource Centre and Caregiver Committee provide in-person, phone and online information and support. SCOA also sponsors regular Caregiver Forums, workshops and classes on different topics.
- SCOA’s annual Spotlight on Seniors is a very good showcase of information, products and services.
- The Directory of Services & Social Activities for Older Adults (SCOA, U of S and SHR) has useful information about services but not activities and events.
- SaskTel phone book provides useful telephone contact information. Drawbacks are pointed out by participants are discussed under Negative Comments.
- The bulletin board at the Co-op is useful.
- Hospital staff provides useful information about services needed after discharge.

- Some seniors' housing complexes provide the means for their tenants to access information. Social conveners and tenants' associations sponsor social and information sessions, keep bulletin boards up-to-date, etc.
- A couple of focus group participants told us that, in the absence of a social convener or tenants' association in their housing complexes, they have assumed responsibility for searching for information for some older residents .

Negative Comments

- Participants reported having difficulty finding information about their health conditions, Home Care, homemaking, home services, meal delivery, exceptional drug status, support groups, how to access mobility aids if not in hospital, how and where to get handicapped parking stickers, the Rentalsman, programs and events for single seniors, where to get help for seniors experiencing abuse and relevant financial support programs.
- Participants told of significant barriers to their attempts to get the information they need including:
 - Service providers to whom seniors turn for information do not always have it. Examples given include information about support groups, exceptional drug status and the tax implications of a specific change in medical status. Several participants reported they were surprised they had to learn “accidentally” from non-service providers, “a friend of a friend.” One participant made a point of reconnecting with health care providers to provide them with the information for the benefit of future patients.
 - One participant stated Information on government agencies and services was “especially difficult to find.”
 - Major gaps in communication between different professions within health care affects the information seniors receive.
 - The small font size used in many printed materials such as phone books is a barrier for many seniors (and people of all ages with impaired vision.)
 - The speed at which oral information is given in person and on TV poses significant challenges to seniors.
 - Participants stated the SaskTel phonebook is less available than it used to be.
 - Lack of skills with technology impedes access to information for some seniors.
- Participants describe some groups of seniors as being particularly disadvantaged in getting the information they need including
 - Seniors who cannot speak or read English (Some participants believed the care of seniors who cannot speak English in care facilities is affected adversely by their inability to understand English.)
 - Seniors with mental health problems and /or addictions and aging persons who had been cared for throughout their lives by their parents because of intellectual or physical challenges, head injuries or illnesses)

- Aboriginal focus group participants described a number of reasons that compound their problems accessing information including language, cultural factors, lack of skills including speaking for themselves, using phones and other technology. They described far-reaching effects of their difficulty accessing information on their ability to access financial supplements, housing, health services, aids and equipment. They also stated aboriginal seniors look to aboriginal organizations for information.
- Grandparents caring for grandchildren full time have additional needs for information and support, a focus group participant who is providing full time care to a grandchild, told us. She describes the great difficulty she has getting local information and connecting with people in similar circumstances in Saskatoon in contrast to her ability to get information online about supports available elsewhere.

Items in Checklist not mentioned in focus groups:

- Universal communications system reaching everyone (though it was alluded to)
- Dissemination of information close to seniors' homes

Suggestions

- A one-stop information centre that is easily accessible by phone answered by a person and online. The centre should have information on activities and events as well as on topics of interest to seniors and resources. An expansion of SCOA was suggested.
- Implementation of 211.
- Expansion of The Directory of Services and Activities (SCOA, U of S and SHR) to include topics such as the Rentalsman, exceptional drug status, and a new section on events that includes events for single seniors.
- SCOA was urged to take on what was described as the much needed role of spokesperson for seniors in Saskatoon and, if necessary expand its role. Specific suggestions included:
 - Become the main contact point for information of significance to seniors
 - Send emails “did you know...?” telling about events for seniors
 - Have a program on Shaw Cable which would show highlights of Spotlight on Seniors, components of forums, workshops and classes offered
 - Help seniors develop their volunteer skills and develop programs utilizing senior volunteers (Example: senior volunteers at airport could help seniors with electronic communications and online tickets)
 - Create mentorships, perhaps peer to peer programs
 - Develop regional offices, for example, utilizing small spaces at malls (model: police station in West Edmonton Mall)
 - Develop initiatives with media, both print and TV, and challenge media to show their support for the community by making information seniors need available.
- All organizations serving seniors should
 - Work together to find practical ways for seniors and families to access info on issues ranging from practical (delivery of meals) to health (caring for spouse with dementia) in print and online.

- Use existing media opportunities and more posters distributed through city facilities to advertise events and programs.
- Develop ways of reaching seniors with special needs including those who are deaf and hard of hearing, are isolated, have mental health or addiction problems.

5.8.1.1.3 Oral communication

WHO descriptor. Oral communication accessible to older people is preferred, for instance through public meetings, community, centres, clubs and the broadcast media, and through individuals responsible for spreading the word one-to-one. People at risk of social isolation get information from trusted individuals with whom they may interact, such as volunteer callers and visitors, home support workers, hairdressers, doormen or caretakers. Individuals in public offices and businesses provide friendly, person-to-person service on request.

Observations. Focus group participants spoke of the importance of oral communication, both one-to-one and through communal gatherings. This is a preferred method for seniors to get information. The availability of oral communication, focus group participants told us, is dependent on the presence of supportive family. Participants also described the importance and helpfulness of Information and support sessions sponsored by non-profit organizations.

Positive comments:

One-to-one communication

- Seniors with supportive families are more likely to be able to access information they need on a one-to-one basis.
- SHR staff provide one-to-one information to patients including seniors.
- Some seniors volunteer to help other seniors find information. Examples mentioned by focus group participants include:
 - retired professionals within at least one housing complex respond positively to requests from other residents for assistance accessing information and advice.
 - a young senior reported assisting older seniors in her housing complex finding information and resources.

Public meetings, workshops.

Positive comments

- Non-profit organizations sponsor information and support workshops and classes that provide seniors with information and resources of importance to them. Examples include
 - a series for families sponsored by the Alzheimer Society
 - monthly meetings of the kokums group, a group of aboriginal grandmothers, at the Community Clinic
 - the Old People's Group, sponsored by the Metis Society
 - educational sessions sponsored by the Hard of Hearing Association
 - SCOA's Caregiver Committee forums

Positive comments

Negative comments

- Seniors without supportive family lack a key source of accessing information. Some focus group participants who assist older family members and friends find information and provide support recognize they are the last in their family and friendship networks and will not have such help when they themselves need it.
- Seniors cannot depend on learning important information through volunteers because there are not enough volunteers.

Public meetings, workshops

- Begun by two grandmothers, a group formed as a support group for grandparents caring for grandchildren full-time had to disband because the two women found they did not have the time, energy, resources or money to promote and support the group.

Items in Checklist not mentioned in focus groups:

Regular information and broadcasts of interest to older people

Public offices and businesses providing person-to-person services on request

Suggestions

- Find ways of strengthening the informal support system so families and friends can better assist senior family members and friends get the information they need. A practical suggestion to implement this was to develop communication between seniors' organizations, service providers and young people who are trying to learn themselves in order to help their senior family members get information.
- Interpreters are needed at public institutions like hospitals for people with no or limited English language skills and for people who are hard of hearing or deaf. This latter group requires proficiency in electronic equipment such as ipads and blackberries now frequently used by people who are deaf or hard of hearing.
- Make available information sessions among seniors housing complexes especially those within close proximity. "If these sessions are held with social hours more people would attend," a participant advised.
- Programs similar to Big Brothers and Big Sisters would help many seniors who feel vulnerable.
- A focus group of kokums gave suggestions on ways to help aboriginal seniors get the information they need but have trouble accessing. The kokums advised us aboriginal older persons need a person to explain, provide practical assistance and in some instances translate for them. They also suggested life skills courses led by aboriginal seniors on basic skills such as assertiveness, workshops in which traditional skills such as making star blankets are taught and programs similar to Big Brothers and Big Sisters to provide support and teach life skills.

5.8.1.1.4 Printed information

WHO descriptor. *Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.*

Observations. Focus group participants state many seniors look for information in printed form, papers, pamphlets, posters.

Positive Comments

Focus group participants mentioned the following helpful printed materials:

- The Saskatoon Sun carries information of interest to seniors including many events and is delivered free to many homes, though not all.
- The SaskTel phone book is useful but is less available than it used to be and its small print size precludes many seniors from using it. (Participants who are computer literate stated they find 411 Canada easier to read.)
- Some seniors' complexes have tenant newsletters that provide useful information.
- At least one neighbouring community, Martensville, has a town newsletter.
- The Directory of Services & Social Activities for Older Adults (SCOA, U of S and SHR) provides useful information about services but not activities and events.

Negative Comments

Focus group participants described the following barriers to the usefulness of print information to seniors

- Print size
- The cost of newspapers deters some seniors from reading papers.
- Some banks no longer provide bank books and participants described this as posing problems for some seniors.

Items in Checklist not mentioned in focus groups

Official forms, text on visual displays

Clear headings, bold-face type.

Suggestions

- All organizations with seniors as clientele should ensure written materials are age friendly.
- A seniors' newspaper either provincial or regional.

5.8.1.1.5 Plain language

WHO descriptor. *Print and spoken communication uses simple, familiar words in short, straightforward sentences.*

Observations. Focus group participants stated literacy is an issue for many seniors. They describe the need for the use of simple, familiar words in short, straight-forward

sentences. One participant noted, “The Seniors Call for Action in 1990 stated information given to seniors was at too high a level and nothing has changed since then.”

Positive Comments

- The public library has resources on plain language.

Negative Comments

- Information is often given to seniors in too complicated language both orally and in written form.
- Seniors are sometimes embarrassed they do not understand and pretend they do.
- The general public is not aware of the need for plain language and of relevant resources at the public library.

Suggestions

- All organizations serving seniors should ensure written materials and oral communications are in plain language. Grade 6 reading level was suggested.

5.8.1.1.6 Automated communication and equipment

WHO descriptor. Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time. Users have the choice of speaking to a real person or of leaving a message for someone to call back. Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering. The display panel of bank, postal and other service machines is well-illuminated and can be reached by people of different heights

Observations. Focus group participants reported difficulty using telephone answering services, electronic equipment including mobile phones, televisions, bank and ticket machines. Aboriginal focus group participants reminded us not all seniors are comfortable using the phone let alone automated phone services. They told us aboriginal seniors are being encouraged by their bands to phone the bands themselves instead of having someone else phone for them and see this as learning valuable life skills.

Telephone answering services – and other telephone issues

Positive Comments

- Seniors who are deaf or hard of hearing find SaskTel’s Voice Carry Over Phone very useful and appreciate its affordability (regular phone rates).

Negative Comments

- Many seniors do not hear or understand what is being said in automatic voice messages and cannot follow instructions.
- Many seniors want a person to answer the phone so they can ask questions. SCOA was commended for this. “Public organizations like hospitals need a human face to give a personal image, not an impersonal one,” a participant told us.

- Phone calls to offices and businesses lead to “just music in my ears, not the information I am looking for,” a participant stated.

Electronic equipment

Positive comments

- Supermarkets with self-check-outs provide staff to assist patrons experiencing difficulty and they do so in a helpful and non-judgmental manner.
- Some banks and credit unions provide one-on-one assistance for seniors who prefer to do their banking with a person rather than bank machines.

Negative comments

- Buttons on cell phones and remote controls are too small for some seniors to use.
- Electronic banking including ATM’s, electronic billing, electronic purchase of airline tickets and boarding passes pose challenges to many seniors.

Items in Checklist not mentioned in focus groups:

Illumination and height of display panels of service machines

Suggestions

- Organizations employ people rather than automated voices to answer phones.
- SCOA and other organizations offer classes where seniors can learn technological skills including how to use automated phones, bank and ticket machines, self-check-outs and assertiveness training and financial literacy. These classes should be affordable, accessible and accommodate seniors’ learning styles.
- SCOA could train seniors to teach these classes. High school students were also suggested as an example of an intergenerational program with benefits to both generations.
- SCOA could train senior volunteers who could help seniors at the airport with boarding passes and other electronic communications.

5.8.1.1.7 Computers and the Internet

WHO descriptors. There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries. Tailored instructions and individual assistance for users are readily available.

Observations. Focus groups showed the great diversity among seniors in their knowledge of and experience with computers and the Internet. Many seniors are computer literate, others are learning, others are having difficulty learning, cannot afford a computer or access the internet in their suites and still others have chosen not to learn.

Participants recognized the onus is on seniors to learn about computers, the Internet and other technology. They also recognize the need for inexpensive, accessible training programs that accommodate seniors’ learning style.

Positive comments:

- Seniors who are computer literate find the internet a useful source of information. Some say they find it easier to read than traditional print sources, for example, 411 Canada instead of a phone book. One senior caring for a grandchild full time described an online support group of grandparents in similar circumstances as “a lifesaver.”

- Specific groups of seniors, such as those who are deaf, have embraced the internet. They use email, fax, Skype and Blackberries to communicate with others.
- Websites are useful sources of information. The usefulness of the SHR and SCOA websites was noted.
- The Superannuated Teachers' website has a list of resources and is available to everyone.
- Computer classes geared to seniors are offered at the library and at SCOA. Several commended the public library for its program that brings computer training to seniors' facilities. SCOA was commended for training seniors to become teachers in its computer classes.

Negative comments:

- There is no central place to get information and links.
- SHR website lacks information seniors need such as an explanation of services, for example, services available through the public Home Care program and how to access them.
- The City website does not provide links to internal and external sites.
- Seniors who are not computer literate feel "left behind" as more and more organizations expect customers to be familiar with technology. Examples given: some banks do not provide bankbooks, some organizations including the CRA list their website but not phone numbers for further information, many organizations are moving to electronic billing, the purchase of airline tickets now requires electronic communication.

Items in checklist not covered in focus groups

Public access to computers...in public places

Suggestions

- Offer accessible, affordable classes to seniors on computers and the internet that accommodate seniors' learning styles.
- Provide train-the-trainer classes for seniors wishing to teach other seniors. High school students were also suggested as teachers.
- Make websites of special interest to seniors – SHR, City including Transit –more age and user- friendly.
 - Seniors need more easily understood information on community health services and how to access them on the SHR website. They also need a glossary of terms (Home Care, homemaking available under the provincial Home Care program, homemaking not available under the provincial program, assisted living, enriched housing, retirement living, personal care home, special care home, etc.)
 - Seniors moving into Saskatoon need information on where and how to find the list of physicians who are taking new patients.
 - Seniors would find links to internal and external sites on the City website useful.
- A program similar to Computers for Kids would benefit specific groups of seniors, for example, those who have low incomes, are housebound and grandparents raising grandchildren full time.

- One focus group participant stated that basic inexpensive large format internet instruments providing low cost internet hook-up are available in some markets but not North America – he suggested they should be marketed for seniors so they can learn basic computer skills more easily and have low cost internet hookup.

5.8.1.2 Focus Group Results: Comments and Issues

Focus group participants recognized the great importance of information to seniors and their families. They cited good sources of information in Saskatoon but pointed to a general lack of awareness of these resources by people of all ages and to significant barriers to its availability. They stated access to information for seniors is affected by education, income, the presence of adult children, cultural factors including but not limited to language, length of time in Saskatoon, lack of knowledge of service providers, gaps in communication between service providers, and lack of awareness of resources. They suggested a one-stop information centre easily accessible by phone answered by a person and corresponding resources available online. It was further suggested that SCOA assume this role and expand its services to get information to seniors and that the Directory of Services and Activities be expanded to include additional topics.

Focus group participants described many problems in one-to-one communication: the presence or absence of family, a lack of volunteers and a lack of awareness of existing volunteers, and cultural factors. They spoke highly of workshops offered by non-profit organizations. They suggested strengthening the informal support system so families and friends can better assist seniors access the information they need. Participants who are kokums made recommendations for one-on-one assistance and life skills classes to help aboriginal seniors get information. One-to-one assistance involving skilled interpreters was suggested for seniors who face barriers in communication including lack of English and difficulty hearing.

Focus group participants said seniors utilize the media, both TV and newspapers, and many prefer them to the newer communications technology. They said both TV and print media are not age-friendly and pose challenges for many seniors. They suggested age-friendly measures including large font, good colour contrast and simpler format in print media and slower, less segmented delivery of information on TV.

Focus group participants stated the language used in information provided to seniors is often too complicated and recommended the use of plain language: simple, familiar words in short, straight-forward sentences.

Focus group participants said many seniors have trouble with automated communication systems and automated equipment at financial institutions, government agencies and businesses. They suggested organizations use persons rather than automated voices to deal with phone inquiries and provide in-person staff assistance to clients having difficulty with automated equipment.

Focus group participants described great diversity in seniors' computer literacy. Many seniors use the Internet and groups such as seniors who are deaf or hard of hearing have embraced it as

“a boon” to communication. Seniors who are not computer literate realize they are being left behind as more and more organizations require customers to use websites and emails.

Focus group participants believed “the onus is on seniors” to learn new technology. They recognized some seniors face barriers to learning and made suggestions for affordable, accessible classes where seniors can learn technological skills and to use computers, the Internet and automated communications equipment. They suggested programs similar to Big Brothers to teach life and technical skills and Computers for Kids to make computers available to seniors for whom costs are prohibitive.

As one participant told us, “The Seniors Call to Action noted in 1990 seniors can’t find information and information given to them is at too high a level. It’s still the same today.” The descriptions given by focus group participants of their difficulties accessing basic information point to the lack of a basic, effective communication system reaching people of all ages in Saskatoon. There was an identified need for a central place to easily access information in person, by phone answered by a person and on line on topics of importance to seniors and others, on resources, activities and events.

5.8.2. Quantitative Results: Surveys

As a result of the item sampling, on the *Age-friendly communication and information checklist*, the following aspects were addressed: (1) Communication Offer; (2) Oral Communication; (3) Printed Information; (4) Plain Language; (5) Automated Communication and Equipment; and (6) Computer and the Internet. The generic question addressed was ***What is your experience getting the information you need in our community, for example, about services or events? This can be information you get by telephone, radio, TV, in print, or in person.***

The percentages and means of the survey samples responses to the Communication and Information section of the Age-friendly Saskatoon Survey have been presented in Table 122. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents, thus, it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondent have an ability limitation, similar results have been presented in Tables 23 and 24, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.8.2.1 Information offered

Total sample

The statements posed to assess the Information Offered theme of the Communications and Information Dimension were the following:

- A variety of information that is of interest to seniors is disseminated, such as local events, health and safety information and health and social services;
- Regular and reliable information about events and programs (including contact information) is widely disseminated through local government and/or voluntary organizations;
- Local channels (TV and radio) advertise community events and news items of interest to seniors – for example, through “community access channels;”
- There is a central directory where older adults can find information about what activities and services are available, and how to access them;
- Seniors can easily find information; and,
- Seniors are visible in advertising and are depicted positively and without stereotyping.

As shown in Table 22, the majority of respondents (65.5%) were of the opinion that a variety of information of interest to seniors was available, while a significant minority (20.0%) disagreed. As to whether or not local government and organizations were providing regular and reliable information about events and programmes, a smaller majority of 50.3 per cent held such organizations were providing information and a slightly bigger minority of 22.2 per cent disagreed. It should be noted 27.5 per cent of the respondents were not sure or did not respond – this may indicate a communications gap or void about the nature and extent of communications from these organizations. As to whether or not the local TV and radio channels advertised community events and news items of interest to seniors, a majority of 55.6 per cent held they did and a minority of only 15.9 per cent disagreed. Again, a very significant minority of seniors (28.5%) was not sure or did not respond. A bare majority of the seniors (52.0%) believed there was a central directory and a small minority of 13.3 per cent believed there was not. Over a third of the respondents (34.8%) did not know. Again, this suggests a gap in the awareness of the communications venues and services available to seniors. As to whether or not seniors can easily find information, 58.6 per cent of the respondents indicated it was not easy or were not-sure/no response. Only 41.4 per cent felt seniors could easily find information. Thus, while a majority of seniors held the opinion that a variety of information of interest to seniors was available and the local broadcast media, governments and organizations provided such information, a significant minority disagreed or was not aware of what was available through these venues, and felt it was not easy from seniors to garner the information easily. There appeared to be a lack of awareness of the channels of communications. As evidence of this lack of awareness, while a central directory does exist, only 52.0 per cent of the seniors were familiar with this availability.

How seniors were depicted in advertising was somewhat spurious to this Communications Offered theme but as indicated in Table 22, a majority of 50.3 per cent believed they were

positively depicted and 27.5 per cent did not agree – 22.2 per cent of the seniors did not respond or were not sure.

Differences – Sex and Abilities

Sex differences. As shown in Table 23, there was only one significant difference between the sexes in their positive responses to the questions posed. A significantly higher percentage of males (51.2%) than females (38.1%) felt it was easy for seniors to find information. Also, a significantly higher proportion of males than females did not believe that local government and organizations provided regular and reliable information (Disagree: Males 29.8%; Females 19.5%). This reflected the general tendency for males to disagree rather than not respond or give a not-sure response.

Table 22
Survey Results: 7 Communication and Information

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
Communication and Information <i>What is your experience getting the information you need in our community, for example, about services or events?</i>						
Types of Information						
A variety of information that is of interest to seniors is disseminated, such as local events, health and safety information and health and social services	14.6	2.3	17.7	59.9	5.6	2.8
Seniors are visible in advertising and are depicted positively and without stereotyping	22.2	3.0	24.5	46.7	3.6	2.7
Total Component						2.7
Widespread Communication						
Regular and reliable information about events and programs . . . is widely disseminated through local government and/or voluntary organizations	27.5	0.7	21.5	47.0	3.3	2.7
Local channels (TV and radio) advertise community events and news items of interest to seniors . . .	28.5	1.3	14.6	52.3	3.3	2.8
There is a central directory where older adults can find information about what activities and services are available, and how to access them	34.8	1.7	11.6	45.0	7.0	2.9
Print and spoken communication uses simple, familiar words in short, straight-forward sentences	30.8	0.7	13.6	51.3	3.6	2.8
Total Component						2.8
Accessible Information						
Seniors can easily find information	23.2	4.3	31.1	38.1	3.3	2.5
Printed information uses large lettering, clear headings and bold-face type on forms, tv captions, and displays	29.8	3.3	35.1	28.8	3.0	2.4
Literacy programs are available	43.7	0.3	8.0	44.4	3.6	2.9
Seniors are recruited as volunteers as: knowledgeable experts, disseminators of information, and trainers.	34.8	2.0	16.1	41.1	5.6	2.8
Total Component						2.6

Table 22 (Cont.)
Survey Results: 7 Communication and Information

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
Communication and Information(Cont.)						
New Technologies						
Training courses on new technologies are available and accessible to seniors	27.8	1.7	14.9	52.0	3.6	2.8
Telephone answering services give instructions slowly and clearly and tell callers how to repeat the phone message at any time	28.8	9.3	41.1	18.9	2.0	2.2
Electronic equipment . . . have large buttons and big lettering	25.5	9.9	32.5	30.5	1.7	2.3
There is wide public access to computers and the internet, at no or minimal charge, in public places such as government offices, community centres and libraries	36.4	2.7	17.2	38.7	5.0	2.7
Total Component						2.5
Interactive Contact (Word of Mouth)						
Important information is disseminated in public forums	38.1	2.3	15.6	41.7	2.3	2.7
An interactive speaker series is created that delivers important information	37.7	1.7	17.2	40.7	2.7	2.7
People at risk of social isolation get one-to-one information from trusted individuals	55.6	5.0	25.2	12.6	1.7	2.2
Total Component						2.6
TOTAL DIMENSION						2.65

Abilities differences. Inspection of Table 24 showed those individuals with ability limitations generally rated the communications and information items lower than did those with no limitations. On the items on the dissemination of information by local government and organizations, and the visibility and depiction of seniors in advertising the differences were significant. While 56.1 of the able-bodied respondents held local government and organizations proffered such information, only 39.6 per cent of the limited-abilities seniors agreed – a difference of 16.5 per cent. In the depiction of seniors in the media, 54.6 per cent of the able-bodied seniors believed it to be positive while only 41.6 per cent of the limited-abilities seniors agreed – a difference of 13.0 per cent. Thus, there was support for the proposition that the information and communications available to those individuals with limited abilities was not at the same level as that available to able-bodied seniors. However, again the high percentages of non-responses and not-sure responses indicate there was a general lack of awareness of the communication venues and services available.

Table 23
Survey Results; 7 Communication and Information: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Communication and Information <i>What is your experience getting the information you need in our community, . . . about services or events?</i>						
Types of Information						
A variety of information that is of interest to seniors is disseminated, such as local events, health and safety information and health and social services	71.4	8.3	20.2	63.3	16.7	20.0
Seniors are visible in advertising and are depicted positively and without stereotyping	50.0	21.4	28.6	50.2	22.8	27.0
Widespread Communication						
Regular and reliable information about events and programs . . . is widely disseminated through local government and/or voluntary organizations	51.2	19.1	29.8	50.2	30.2	19.5
Local channels (TV and radio) advertise community events and news items of interest to seniors . . .	50.0	31.0	19.1	58.6	27.4	14.0
There is a central directory where older adults can find information about . . . activities and services are available, and how to access them	54.8	32.1	13.1	50.7	35.8	13.5
Print and spoken communication uses simple, familiar words in short, straight-forward sentences	63.1	23.8	13.1	51.6	33.5	14.9
Accessible Information						
Seniors can easily find information	51.2	17.9	31.0	38.1	25.1	36.7
Printed information uses large lettering, clear headings and bold-face type on forms, tv captions, and displays	36.9	21.4	41.7	29.8	33.5	36.7

Table 23 (Cont.)
Survey Results: 7 Communication and Information: Sex Differences

Dimension/ Item	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Communication and Information (Cont.)						
Accessible Info (Cont.)						
Literacy programs are available	45.2	47.6	7.1	48.8	42.8	8.4
Seniors are recruited as volunteers as: knowledgeable experts, disseminators of information, and trainers.	53.6	29.8	16.7	43.7	36.7	19.5
New Technologies						
Training courses on new technologies are available and accessible to seniors	53.6	29.8	16.7	56.7	27.4	15.8
Telephone answering services give instructions slowly and clearly and tell callers how to repeat the phone message at any time	23.8	25.0	51.2	20.0	30.2	49.8
Electronic equipment . . . have large buttons and big lettering	40.5	23.8	35.7	28.8	26.1	45.1
There is wide public access to computers and the internet, at no or minimal charge, in public places such as government offices, community centres and libraries	47.6	33.3	19.1	41.9	37.7	20.5
Interactive Contact (Word of Mouth)						
Important information is disseminated in public forums	46.4	34.5	19.1	42.8	39.5	17.7
An interactive speaker series is created that delivers important information	40.5	36.9	22.6	44.2	38.6	17.2
People at risk of social isolation get one-to-one information from trusted individuals	21.4	58.3	20.2	11.6	54.9	33.5

Table 24
Survey Results; 7 Communication and Information: Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Communication and Information <i>What is your experience getting the information you need in our community, . . . about services or events?</i>						
Types of Information						
A variety of information that is of interest to seniors is disseminated, such as local events, health and safety information and health and social services	62.4	14.9	22.8	67.2	14.1	18.7
Seniors are visible in advertising and are depicted positively and without stereotyping	41.6	29.7	28.7	54.6	18.7	26.8
Widespread Communication						
Regular and reliable information about events and programs . . . is widely disseminated through local government and/or voluntary organizations	39.6	33.7	26.7	56.1	23.7	20.2
Local channels (TV and radio) advertise community events and news items of interest to seniors . . .	52.5	33.7	13.9	57.6	26.3	16.2
There is a central directory where older adults can find information about . . . activities and services are available, and how to access them	49.5	38.6	11.9	53.0	32.8	14.1
Print and spoken communication uses simple, familiar words in short, straight-forward sentences	46.5	39.6	13.9	58.6	26.8	14.7
Accessible Information						
Seniors can easily find information	39.6	24.8	35.6	42.4	22.7	34.9
Printed information uses large lettering, clear headings and bold-face type on forms, tv captions, and displays	32.7	34.7	32.7	31.3	27.8	40.9

Table 24 (Cont.)
Survey Results: 7 Communication and Information: Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Communication and Information (Cont.)						
Accessible Info (Cont.)						
Literacy programs are available	36.6	55.5	7.9	53.5	38.4	8.1
Seniors are recruited as volunteers as: knowledgeable experts, disseminators of information, and trainers.	34.7	46.5	18.8	52.0	29.3	18.7
New Technologies						
Training courses on new technologies are available and accessible to seniors	46.5	38.6	14.9	60.6	22.7	16.7
Telephone answering services give instructions slowly and clearly and tell callers how to repeat the phone message at any time	20.8	25.7	53.47	21.2	30.3	48.5
Electronic equipment . . . have large buttons and big lettering	25.7	29.7	44.6	35.4	23.2	41.4
There is wide public access to computers and the internet, at no or minimal charge, in public places such as government offices, community centres and libraries	36.6	46.5	16.8	47.5	30.8	21.7
Interactive Contact (Word of Mouth)						
Important information is disseminated in public forums	34.7	41.6	23.8	48.8	36.4	15.2
An interactive speaker series is created that delivers important information	39.6	38.6	21.8	45.0	37.9	17.2
People at risk of social isolation get one-to-one information from trusted individuals	15.8	52.5	31.7	13.1	58.1	28.8

Conclusion

While a majority of seniors held the opinion that a variety of information of interest to seniors was available and the local broadcast media, governments and organizations provided such information, a significant minority disagreed or was not aware of what was available through these venues, and felt it was not easy for seniors to garner the information easily. There appeared to be a lack of awareness of the channels of communications. As evidence of this lack of awareness, while a central directory does exist, only 52.0 per cent of the seniors knew this. A significant higher proportion of the male than female respondents felt information was easy for seniors to acquire. Also, a significantly higher proportion of males than females did not believe that local government and organizations provided regular and reliable information. There was support for the proposition that the information and communications available to those individuals with limited abilities was not at the same level as that available to able-bodied seniors. However, again the high percentages of non-responses and not-sure responses indicate there was a general lack of awareness of the communication venues and the services available.

5.8.2.2 Oral communications

Total sample

The following items addressed the Oral Communications theme of the Communications and Information Dimension:

- Important information is disseminated in public forums (sic);
- An interactive speaker series is created that delivers important information;
- Seniors are recruited as volunteers as: knowledgeable experts, disseminators of information, and trainers; and,
- People at risk of social isolation get one-to-one information from trusted individuals.

As shown in Table 22, a significant minority of seniors did not respond or were not-sure on how to respond to the items assessing oral communications for seniors. In response to the item stating important information was disseminated in public forums (sic), 38.1 per cent of the seniors did not respond or were not-sure; 17.9 per cent disagreed; and only 44.0 per cent agreed. Similarly, on the interactive speaker series item; 37.7 per cent of the seniors did not respond or were not-sure; 18.9 per cent disagreed; and only 43.4 per cent agreed that such a speaker series existed. As for the recruitment of seniors for communications purposes, 34.8 per cent of the respondents did not respond or were not-sure; 18.1 per cent disagreed; and 46.7 per cent believed seniors were recruited. Only 14.3 per cent of the seniors believed people at risk of social isolation get one-to-one information from trusted individuals; 85.8 per cent disagreed or gave a not-sure or no response. In summary, only a minority of the seniors believed important information was disseminated in public forums (sic), an interactive speaker series was available, people in isolation received one-to-one information, and seniors were recruited to serve as communicators. It would appear that seniors did not place a heavy reliance on formal oral communication channels and had a low awareness of the availability of such channels.

Differences – Sex and Abilities

Sex differences. Inspection of the results reported in Table 23 showed there were no significant differences between the sexes on their responses to the Oral Communications items. However, while a significant minority of both groups believed important information was disseminated in public fora and an interactive speaker series was available, only 11.6 per cent of the females and 21.4 per cent of the males believed people at risk of social isolation could get one-to-one information from trusted individuals. Also, a higher proportion of the male than female respondents believed seniors were recruited as communicators (Male 53.6%; Female 43.7%). Thus, both sexes identified the lack of one-on-one communications for people at risk of social isolation.

Ability differences. There were significant differences in the responses to oral communications items when classified on the basis of whether or not the person had ability limitations. As shown in Table 24, significantly fewer limited-abilities seniors were of the opinion that important information was disseminated in public fora (Agree: Able-bodied 48.8%; Limited-ability 34.7%); and, that seniors were recruited to serve as communicators (Agree: Able-bodied 52.0%; Limited-ability 34.7%). In general, limited-ability individuals felt they had a lower level of service from the oral communications channels and services than did the able-bodied seniors. In particular, the limited-ability seniors felt less well served by public fora and knowledgeable seniors recruited as communicators.

Conclusion

Only a minority of the seniors believed important information was disseminated in public forums (sic), an interactive speaker series was available, people in isolation received one-to-one information, and seniors were recruited to serve as communicators. It would appear that seniors did not place a heavy reliance on formal oral communication channels and had a low awareness of the availability of such channels. Both sexes identified the lack of one-on-one communications for people at risk of social isolation as an issue. In general, limited-ability individuals felt they had a lower level of service from the oral communications channels and services than did the able-bodied seniors. In particular, the limited-ability seniors felt less well served by public fora and knowledgeable seniors recruited as communicators.

5.8.2.3 Printed information

Total sample

The following item addressed the Printed Information theme of the Communications and Information Dimension:

- Printed information uses large lettering, clear headings and bold-face type on forms, TV captions, and displays.

As shown in Table 22, only 31.8 per cent of the seniors believed the print media provided legible copy for seniors, 38.4 per cent disagreed; and, 29.8 per cent did not respond to the item or marked a not-sure response. Thus, for 61.6 per cent of the respondents the legibility of print media was not an issue; conversely, for 38.4 per cent it was.

Differences – Sex and Abilities

Sex differences. As shown in Table 23, the difference between the sexes in their responses to this print legibility item was not significant (Agree: Male 36.9%; Female 29.8%).

Ability differences. Inspection of Table 24 showed the difference between the able-bodied and limited-ability seniors in their response to this item was not significant.

Conclusion

For nearly two-thirds of the respondents the legibility of print media was not an issue; conversely, for one-third it was. No sex or ability differences in responses to whether or not the print media was legible were revealed.

5.8.2.4 Plain language

Total sample

The following item addressed the Plain Language theme of the Communications and Information Dimension:

- Print and spoken communication uses simple, familiar words in short, straight-forward sentences.

As shown in Table 22, 54.9 per cent of the respondents were of the opinion that the print and spoken communications were simple and straight-forward; only, 14.3 per cent of the seniors disagreed. The level of language was not of interest or concern to 30.8 per cent of the respondents. Thus, it would appear the level of language used in print and spoken communications was not an issue for the vast majority of seniors (85.7%).

Differences – Sex and abilities

Sex differences. As shown in Table 23, a significantly higher percentage of males than females agreed (Agree: Males 63.1%; Females 51.6%) with the statement that the print and spoken communications used simple, familiar words in short, straight-forward sentences. However, the total percentage of respondents of both sexes indicating that the print and spoken communications were in plain language did not differ (Males 86.9%; Females 85.1%). Thus, while a majority of both males and females did not see the language level used in printed and oral communications as an issue, a significantly higher percentage of males believed the current materials were at a plain language level.

Abilities differences. Again, as shown in Table 24, while the language level was not of concern to the vast majority of able-bodied and limited-ability respondents (Able-bodied 85.4%; Limited-ability 86.1%), a significantly lower percentage of the limited-ability than able-bodied individuals felt current printed and spoken communications were in plain language (Able-bodied 58.6%; Limited-ability 46.5%). Only 14.7 per cent and 13.9 per cent of the able-bodied and

limited-abilities seniors, respectively, saw the level of language used in print and oral communications as an issue.

Conclusion

It would appear the level of language used in print and spoken communications was not an issue for the vast majority of seniors. Only 14.3 per cent of the seniors believed the written and spoken communications were not in sufficiently plain language. While a majority of both males and females did not see the language level used in printed and oral communications as an issue, a significantly higher percentage of males believed the current materials were at a plain language level. While the language level was not of concern to the vast majority of able-bodied and limited-ability respondents, a significantly lower percentage of the limited-ability than able-bodied individuals felt current printed and spoken communications were in plain language.

5.8.2.5 Automated communication and equipment

Total sample

The following item addressed the Automated Communication and Equipment theme of the Communications and Information Dimension:

- Telephone answering services give instructions slowly and clearly and tell callers how to repeat the phone message at any time;
- Electronic equipment . . . have large buttons and lettering;
- Training courses on new technologies are available and accessible to seniors; and,
- Literacy programs are available.

Only 20.9 per cent of the seniors thought the telephone answering services gave instructions slowly and clearly and told callers how to repeat the phone message at any time: 50.4 per cent disagreed and 28.8 per cent did not identify this issue of personal concern. As shown in Table 22, only 32.2 per cent of the respondents were of the opinion that electronic equipment had large button and big lettering accommodations for seniors: 42.4 per cent disagreed and 25.5 expressed no opinion. From the results on these two items, it would appear that adequate accommodations for seniors have not been made in telephone answering services and for usage of electronic equipment.

On the other hand, it would appear the assessment of training and literacy opportunities for seniors was more favourable. Of the total sample, 55.6 per cent believed training courses on new technologies were available and accessible to seniors: only 16.6 per cent disagreed. Twenty seven point eight per cent of the respondents were not sure or did not respond. Similarly, 48.0 per cent believed literacy programmes were available and only 8.3 per cent disagreed. Again, a high percentage (43.7%) of the respondents was not sure or did not respond to this availability item. Thus, it would appear a significant minority of the seniors was unaware or unconcerned about the availability of training and literacy programmes associated with electronic communications equipment. Among those individuals having an interest or concern, the vast majority believed training and literacy programmes were readily available and accessible.

Differences – Sex and abilities

Sex differences. As shown in Table 23, a small minority of both sexes (Agree: Male 23.8%; Female 20.0%) believed the telephone answering services had adopted selected accommodations for seniors. However, a significantly higher percentage of males than females were of the opinion that electronic equipment had been designed to accommodate seniors with visual impairments (Agree: Male 40.5%; Female 28.8%).

As for training opportunities, a majority of both males and females believed training courses on new technologies were available and accessible to seniors. Over 40 per cent of both sexes were not sure whether or not literacy programmes were available; over 40 per cent believed they were available; and only a small minority disagreed. Thus, it would appear there was no significant difference between the responses of males and females on the availability of training and literacy opportunities.

Ability differences. There were significant differences between the responses of able-bodied and limited-ability seniors on the Automated Communications and Equipment theme of the Communications and Information Dimension. While both groups rejected the proposition that telephone answering services had accommodation provisions, there was no difference between the responses of both ability groups. However, there was a significant difference in responses on whether or not electronic equipment had provisions for the accommodation of seniors with visual limitations: 25.7 per cent of the limited-ability respondents and 35.4 per cent of the able-bodied respondents believed they had – a difference of 10.3 per cent. Thus, the majority of both ability groups rejected the proposition that accommodations for seniors had been adopted in telephone answering services and communications equipment. In particular, the limited-abilities respondents differentially rejected the availability of large buttons and big lettering on electronic equipment.

As for training and literacy opportunities, members of the limited-ability grouping gave significantly less favourable responses. While 60.6 per cent of the able-bodied grouping believed training courses on new technologies were available to them, only 46.5 per cent of the limited-abilities grouping concurred. However, equal percentages of both groups believed they were not available. It would appear there was a difference in the concern and interest in the use of new technologies between the two groups: 22.7 per cent of able-bodied versus 38.6 per cent of limited-ability choosing a not-sure response. Similarly, as for the availability of literacy programmes, 53.5 per cent of able-bodied and only 36.6 per cent of the limited-ability respondents agreed. Again, the percentages disagreeing were low and similar, and the percentage of not-sure responses was significantly higher among the limited-abilities individuals. Thus, again the differences in responses between the ability groupings may be attributable to the lower level of centrality of interest or concern with automated communication equipment among the members of the limited-ability grouping.

Conclusion

It would appear the provision of adequate accommodations for seniors has not been made for usage of telephone answering services and electronic equipment. In both cases a significant percentage of male and female respondents believed such accommodations had not been made.

The majority of both ability groups rejected the proposition that accommodations for seniors had been adopted in telephone answering services and communications equipment. In particular, the limited-abilities respondent differentially disagreed on the availability of large buttons and big lettering on electronic equipment. In general, it would appear the respondents saw the need for accommodations of seniors on the usage of electronic equipment and telephone answering services.

‘Generally, the assessments of the availability of training and literacy opportunities for seniors were favourable. However, it would appear a significant minority of the seniors was unaware or unconcerned about the availability of training and literacy programmes associated with electronic communications equipment. Among those individuals having an interest or concern, the vast majority believed training and literacy programmes were readily available and accessible. There was no significant difference between the responses of males and females on the availability of training and literacy opportunities. As for training and literacy opportunities, members of the limited-ability grouping gave significantly less favourable responses. However, the differences in responses between the ability groupings may be attributable to the lower level of centrality of interest or concern with automated communication equipment among the members of the limited-ability grouping.

5.8.2.6 Computers and the Internet

Total sample

The following was the sole item in the Age-Friendly Saskatoon Survey to address the Computers and the Internet theme of the Communications and Information Dimension:

- There is wide public access to computers and the internet, at no or minimal charge, in public places such as government offices, community centres and libraries.

The multi-element nature of this item caused confusion among the respondents and has resulted in interpretation difficulties: the respondents agreed or disagreed with what? An element or the complete item?

As shown in Table 22, 43.7 per cent of the seniors agreed and 19.9 per cent disagreed with the statement that wide public access to computers and the internet were available. A significant percentage of seniors were unsure or did not respond. Given the age grouping of the sample, the not-sure/non-respondents rate may reflect the evolution of computer uptake among the demographic groupings. It would appear that the majority of computer users believe there was public access to computers and the internet.

Differences – Sex and Abilities

Sex differences. Inspection of Table 23 showed the two sexes responded in a similar manner to the availability of public access to computers and the internet.

Ability differences. When the responses to the computer-and-internet statement were classified on the basis of whether or not the individual had an ability limitation, as shown in Table 24, significant differences were revealed. A significantly lower percentage of the limited-ability

than able-bodied respondents indicated they had public access to computers and the internet (Agree: Able-bodied 47.5%; Limited-ability 36.6%) However, 46.5 per cent of the limited-ability respondents versus 30.8 per cent of the able-bodied indicated they were not-sure. Thus, it would appear that access to computers and the internet was of less central concern to the limited-abilities than to the able-bodied individuals.

Conclusion

It would appear that the majority of computer users believed there was public access to computers and the internet. However, a significant percentage of seniors was unsure or did not respond. Given the age grouping of the sample, the not-sure/non-respondents rate may reflect the evolution of computer uptake among the demographic groupings. The two sexes responded in a similar manner to the availability of public access to computers and the internet. A significantly lower percentage of the limited-ability than able-bodied respondents indicated they had public access to computers and the internet, but it would appear that access to computers and the internet was of less central concern to the limited-abilities than to the able-bodied individuals.

5.8.2.7 Summary and Conclusions of Quantitative Analysis of the Data on the Communications and Information Dimension of an Age-friendly Community

The following is a compilation of the results of the analysis of the quantitative data derived from the 302 participants' responses to the Communications and Information Dimension statements in the Age-friendly Saskatoon Survey:

Information Offered

A majority of seniors held the opinion that a variety of information of interest to seniors was available and the local broadcast media, governments and organizations provided such information. A significant minority disagreed or was not aware of what was available through these venues, and felt it was not easy for seniors to garner the information easily. There appeared to be a lack of awareness of the channels of communications. As evidence of this lack of awareness, while a central directory does exist, only 52.0 per cent of the seniors knew this. A significant higher proportion of the male than female respondents felt information was easy for seniors to acquire. Also, a significantly higher proportion of males than females did not believe that local government and organizations provided regular and reliable information. There was support for the proposition that the information and communications available to those individuals with limited abilities was not at the same level as that available to able-bodied seniors. However, again the high percentages of non-responses and not-sure responses indicate there was a general lack of awareness of the communication venues and the services available.

Oral Communications

Only a minority of the seniors believed important information was disseminated in public forums (sic), an interactive speaker series was available, people in isolation received one-to-one information, and seniors were recruited to serve as communicators. It would appear that seniors did not place a heavy reliance on formal oral communication channels and had a low awareness of the availability of such channels. Both sexes identified the lack of one-on-one

communications for people at risk of social isolation as an issue. In general, limited-ability individuals felt they had a lower level of service from the oral communications channels and services than did the able-bodied seniors. In particular, the limited-ability seniors felt less well served by public fora and knowledgeable seniors recruited as communicators.

Printed Information

For nearly two-thirds of the respondents the legibility of print media was not an issue; conversely, for one-third it was. No sex or ability differences in responses to whether or not the print media was legible were revealed.

Plain Language

It would appear the level of language used in print and spoken communications was not an issue for the vast majority of seniors. Only 14.3 per cent of the seniors believed the written and spoken communications were in sufficiently plain language. While a majority of both males and females did not see the language level used in printed and oral communications as an issue, a significantly higher percentage of males believed the current materials were at a plain language level. While the language level was not of concern to the vast majority of able-bodied and limited-ability respondents, a significantly lower percentage of the limited-ability than able-bodied individuals felt current printed and spoken communications were in plain language.

Automated Communication and Equipment

It would appear the provision of adequate accommodations for seniors has not been made for usage of telephone answering services and electronic equipment. In both cases a significant percentage of male and female respondents believed such accommodations had not been made. The majority of both ability groups rejected the proposition that accommodations for seniors had been adopted in telephone answering services and communications equipment. In particular, the limited-abilities respondents differentially disagreed on the availability of large buttons and big lettering on electronic equipment. In general, it would appear the respondents saw the need for accommodations of seniors on the usage of electronic equipment and telephone answering services.

‘Generally, the assessments of the availability of training and literacy opportunities for seniors were favourable. However, it would appear a significant minority of the seniors was unaware or unconcerned about the availability of training and literacy programmes associated with electronic communications equipment. Among those individuals having an interest or concern, the vast majority believed training and literacy programmes were readily available and accessible. There was no significant difference between the responses of males and females on the availability of training and literacy opportunities. As for training and literacy opportunities, members of the limited-ability grouping gave significantly less favourable responses. However, the differences in responses between the ability groupings may be attributable to the lower level of centrality of interest or concern with automated communication equipment among the members of the limited-ability grouping.

Computers and the Internet

It would appear that the majority of computer users believed there was public access to computers and the internet. However, a significant percentage of seniors was unsure or did not

respond. Given the age grouping of the sample, the not-sure/non-respondents rate may reflect the evolution of computer uptake among the demographic groupings. The two sexes responded in a similar manner to the availability of public access to computers and the internet. A significantly lower percentage of the limited-ability than able-bodied respondents indicated they had public access to computers and the internet, but it would appear that access to computers and the internet was of less central concern to the limited-abilities than to the able-bodied individuals.

5.8.3 SUMMARY OF RESULTS: COMMUNICATIONS AND INFORMATION

Types of Information

Almost 60 per cent of survey respondents and many focus group participants told us it was not easy for seniors in Saskatoon to get the information they need. Focus groups told us their difficulty finding information on matters of vital importance to them including their health, services, housing and financial programs. They described some of the barriers they face including their lack of computer skills, the lack of knowledge of some service providers, gaps in communication between service providers, small print size in printed material and for some seniors, language and cultural factors. They told us seniors who are educated, have family and good incomes are more likely to be able to access information than those who are less educated, less affluent and without family.

Suggestions:

- a one-stop information centre easily accessible by phone answered by a person and online
- that SCOA assume this role and expand its services to get information to seniors
- Directory of Services and Activities be expanded to include additional topics.

Oral communications

Only a minority of survey respondents, including significantly more able-bodied respondents than respondents with limited abilities, believed seniors in Saskatoon get important information though public forums and seniors are recruited to serve as volunteer communicators. Less than 15% believe people at risk of social isolation get one-to-one information from trusted individuals, an issue picked up by focus groups who talked about the unmet needs of vulnerable groups of seniors for information. Focus group participants told us supportive family and friends are key to seniors getting information on a one-to-one basis. They described the helpfulness of public forums such as the Alzheimer Society's family series and Saskatoon Council on Aging's Caregiver forums. They talked of a shortage of volunteers and do not see seniors relying on volunteers for information.

Suggestions:

- strengthening the informal support system so families and friends can better assist seniors access the information they need and suggested one-on-one assistance involving skilled interpreters for seniors who face barriers in communication including lack of English and difficulty hearing.
- Participants who are kokums made recommendations for one-on-one assistance and life skills classes to help aboriginal seniors get information.

Printed Information

Legibility of print media was an issue for 38.4 per cent of survey respondents. Focus group participants stressed the importance of printed information to seniors and stated size of print used in some printed resources such as phone books and the cost of some newspapers are barriers to some seniors.

Suggestions:

- age-friendly measures including large font, good colour contrast and simpler format for print materials.

Plain language

Most survey respondents including most who self-identified as having limited abilities believed language used in print and spoken communication is simple and straight-forward. On the other hand, focus group participants told us language used both orally and in print form is sometimes too complicated for seniors to understand but many pretend they do to avoid embarrassment.

Suggestions:

- The use of plain language; simple, familiar words in short, straight-forward sentences.

Automated communication and equipment

Survey respondents and focus group participants indicated seniors have difficulties using telephone answering services and electronic equipment. Aboriginal grandmothers reminded us seniors in some cultures are not used to using technology such as telephones. Significantly more survey respondents with limited abilities than able-bodied respondents gave negative ratings about equipment modifications and literacy and training opportunities. Only one-fifth of survey respondents believed telephone answering services make adaptations needed by seniors and only one-third stated electronic equipment has large buttons and big lettering. Focus group participants commended banks, credit unions and supermarkets that provide friendly one-on-one assistance to clients experiencing difficulty with automated machines. Participants who are hard of hearing described SaskTel's Voice Carry Over Phone as very useful and affordable.

Suggestions:

- Affordable accessible classes geared to seniors so they can learn to use automated communications equipment and programs comparable to Big Sister/Brothers for seniors with additional needs

Computers and the Internet

The majority of survey respondents believed there is wide public access to computers and the internet. However a significantly lower percentage of respondents with limited abilities than able-bodied respondents believed this to be the case. Focus group participants described great diversity among seniors in terms of their computer literacy with many seniors embracing new technology and others not trying it for many different reasons. Seniors who are not computer literate realize they are being left behind as more and more organizations require customers to

use websites and emails. Participants told us the onus is on seniors to learn computers and other new technologies.

Suggestions:

- Affordable, accessible classes geared to seniors' learning styles
- User and age friendly websites
- Programs similar to Big Sister/ Brothers and Computers for Kids to teach life and technical skills and to make computers available to seniors for whom costs are prohibitive
- Training seniors to teach other seniors both technological and computer skills and the use of high school students as teachers.

5.9 DIMENSION 8: COMMUNITY AND HEALTH SERVICES

5.9.0 Dimension Framework: Community and Health Services

The framework, upon which the instrumentation and reporting formats for this key dimension were developed, was fundamentally derived from the following key finding of the WHO Global Age-Friendly Cities Project related to *Community Support and Health*:

Health and support services are vital to maintaining health and independence in the community. Many of the concerns raised by older people, caregivers and service providers in the focus groups deal with the availability of sufficient good quality, appropriate and accessible care. Participants in the WHO consultation report their experiences from the context of very different systems with very different expectations; but nevertheless older people everywhere voice a clear desire for basic health and income support. Health care costs are perceived as too high everywhere, and the desire for affordable care is consistently expressed. (WHO Global Age-Friendly Cities Guide, p. 66)

Among these characteristics were the following:

1. Services Accessibility;
2. Offer of services,
3. Voluntary Support;
4. Emergency Planning and Care

5.9.1 Qualitative Results: Focus Groups

5.9.1.1 Focus Group Questions

In order to elicit comments and assessments of the age friendliness of Saskatoon's *Community Support and Health Services* from the focus group participants, in addition to the general

question of “Is Saskatoon an age-friendly city?” the following specific orientation questions were posed:

Community Support and Health Services

What is your experience with the services in your community to help older persons?

Consider –

- Availability of professional health services;
- Medical equipment is available on loan when needed;
- Wellness and clinic services include a range of services in one place;
- Available and affordable home services are available like personal care and housekeeping;
- Home supports are available when needed;
- There are affordable meal programs;
- Delivery services are available for groceries and medications;
- Health and social services are conveniently located and accessible
- Seniors are considered and informed of emergency plans
- Speciality services are available like mental health, screening such as diabetes, palliative care;
- Caregivers can take a break with help such as home support and senior day programs

5.9.1.1.2 Service Accessibility

WHO descriptor. Health and social services are distributed throughout the city, conveniently located and accessible by all means of transportation. WHO descriptor. Residential care facilities, such as retirement homes and nursing homes, are located close to services and residential areas so that residents remain integrated in the larger community. Service facilities are safely constructed and are fully accessible for people with Disabilities. Clear and accessible information is provided about the health and social services for older people. Delivery of individual services is coordinated and with a minimum of bureaucracy. Administrative and service personnel treat older people with respect and sensitivity. Economic barriers impeding access to health and community support services are minimal. There is adequate access to designated burial sites.

Observations: Accessibility of health and social services was an issue for focus group participants. Location and distribution were not mentioned.

Accessibility

Positive Comments

- Focus group participants commended the Community Clinic for offering a number of health service providers under one roof and patient parking with street level entrance and elevator access.

Negative Comments

- Distances from bus stops and parking lots to hospital entrances are too great for people of all ages whose mobility is compromised. Winter conditions add to difficulties.
- Long walks from the hospital entrance to admissions or out-patient clinics at RUH add further distress.

- The assistance of two family members is required by some seniors to go to medical appointments, one to assist senior into building, the other to find parking.
- Public transportation is not available for people who require dialysis in the early morning.

Suggestions

- Ask for input from seniors and others with compromised mobility into the design and evaluation of hospital parking lots, distances from them and bus stops to hospital entrances, and from there to admissions and outpatient clinics, and of the safety of flooring for seniors.
- Develop transportation services for seniors to health and community service appointments and make information about the services available to the public.

Residential care facilities

Observations: The location of residential care facilities such as retirement homes and nursing homes called special care homes and personal care homes in Saskatchewan was not an issue for focus group participants. However many other issues relating to residential care facilities in Saskatoon gave rise to spirited discussion.

Retirement Homes

Focus group participants told us they worry about the availability of seniors' housing in Saskatoon and described lengthy waiting lists. One participant said, "If my rent keeps going up at the rate it has been the last few years I soon won't be able to afford my apartment. I have looked at other apartments but my rent is no higher than other buildings. I have my name in for seniors' housing but with the waiting lists so long I may not get in. I don't know what to do." Participants also spoke of confusion about the terms "retirement living," "assisted living," "enriched housing" used to describe seniors' housing in Saskatoon and several expressed concern about the lack of regulations governing this type of housing.

Nursing homes (both special care homes and personal care homes)

Observations. One focus group participant told us, "I have a perfect horror I may have to go into a home sometime. I am terrified because of what I have seen happen to my friends." Concern about the quality of care in care facilities was a recurrent theme in focus groups. Several used the term "warehousing."

Participants in several focus groups discussed the lengths they said they had to go to get their loved ones the care they needed. They advised refusing to take loved ones home from hospital or respite care despite causing them to feel abandoned temporarily and risking the negative and sometimes guilt-inducing comments of health care providers. They saw themselves as having no other choice.

Positive Comments

- One focus group participant, a resident of Sherbrooke Community Centre, spoke movingly about how happy she is to live in the facility of her choice, the quality of her life and care there and her ability to participate in the Saskatoon community.
- Dementia units in some special care homes provide excellent services.

- Some facilities provide much needed respite care through respite beds and community day programs (with the caveat that more is needed.) A participant described these programs as “a godsend” to family caregivers.
- Some residential care facilities have arrangements for physicians to visit, thus alleviating the burden of patient visits to physicians.

Negative Comments

- Seniors do not understand the meaning of the terms “retirement living,” “assisted living,” “enriched housing” and any differences between them.
- Waiting lists for affordable seniors’ housing are very long, in some cases 5 or more years.
- The lack of regulations for facilities offering retirement living, assisted living and enriched housing is a concern for some residents who see facilities as able to make or change rules to benefit the facility, not residents. They worry about being told to leave and having no recourse.
- Participants questioned services available in assisted living, enriched living and retirement living facilities (housekeeping and meals but not medication management and personal care.) One said, “It far safer to live with dust bunnies under the bed than with mistakes in medication.”
- Seniors do not understand access to special care homes and eligibility requirements. One participant believed people have to go to City Hospital to be assessed and others believed people had to go to personal care homes first.
- There is a lack of resources for couples to stay together when one is independent and the other’s care needs are too high for family and Home Care services. Participants expressed concern that couples in such circumstances must live separately. They saw these “forced separations” as causing very high social costs as well as the financial burden of separate housing for each individual.
- Several participants talked about the indignity of having an “outsider,” a health care provider or housing administrator, make the decision they can no longer live with their spouse because of the spouse’s care needs. Several refused to move into assisted living to avoid such an unpalatable situation. One said, “No decision about us without us.”
- Participants objected to the use of the term “involuntary separation” on forms used when married persons enter special care facilities because of the distress it causes.
- Participants voiced concern about the quality of care and staffing levels in special care and personal care homes, staff training in personal care homes and the lack of resources available to personal care home residents in contrast to residents of special care homes. Several who visited care facilities frequently said the staff are too busy to assist residents with eating. A participant with multiple health problems and in a wheelchair told of taking her dementing spouse home from a special care home because of what she saw as poor care and her inability to affect changes.

- Participants said personal care home regulations do not ensure safe, adequate care in sanitary environments.
- Costs of personal care homes were described as too high for many seniors.

Suggestions

- Prioritize the development of affordable seniors' housing with supports that can be added as residents' needs change.
- Develop resources to enable couples to stay together when one develops heavy care needs.
- Evaluate policies and programs that cause both high social and financial costs to frail seniors such as the separation of couples when the care needs of one decline.
- Provide direct financial assistance to persons based on care needs and allow client choice instead of subsidies attached to facilities.
- Seniors would welcome the use of a term other than “involuntary separation” which causes pain and confusion about marital status.
- Enhance personal care home regulations to include increased training for staff in areas such as dementia care and regular monitoring of the adequacy of care and of meals.
- Develop regulations for retirement homes, assisted living and enriched housing.
- Provide written information in plain language on enriched housing, assisted living and retirement living, the services provided and discharge or eviction policies and practices; also procedures and eligibility requirements for special care home admission.
- Develop an ombudsman program for persons in care. Oregon's program was cited as a model.

Health and community service facilities are safely constructed and fully accessible

Observations. There was no discussion of the safety of construction of health and community service facilities with the exception of mention of the need for upgrading special care homes built over 30 years ago.

As noted previously, focus group participants stated people with compromised mobility have difficulty accessing Saskatoon's hospitals from bus stops and parking lots and moving around within hospitals due to long distances. Slippery and bumpy tile floors were also described as problematic.

Clear and accessible information about health and social services for older people

Observations. Focus group participants stated they have difficulty finding information about their health conditions and services including Home Care, home making through the public Home Care program, meal options, exceptional drug status, accessing mobility aids if not in hospital and support groups. “Services are available, the trick is to find them,” one told us. Aboriginal participants told us aboriginal seniors look to aboriginal organizations for information.

Positive Comments

- Hospital staff provides helpful information about services needed after discharge.

- SCOA Resource Centre and Caregiver Committee provide in-person, phone and electronic information about health and social services and support.
- Sessions sponsored by community organizations provide helpful information. Examples cited are SCOA's Caregiver Forums, the Alzheimer Society family series and the Metis Society's Old People's Group.

Negative Comments

- The language used in health information is often too complicated for some seniors to understand though some pretend they do because of embarrassment.
- Families of seniors whose care needs are increasing feel overwhelmed and do not know where to turn for information and advice. They are often unaware of basic resources such as CPAS, the Directory of Services and Activities and the personal care home information booklet.
- Physicians' offices often do not have printed materials on health conditions and services.
- Several participants said they found it hard to find clear Information on Home Care services especially homemaking. One stated "this leads to confusion and resentment" about what homemaking services are available through Home Care, to whom and under what circumstances.
- Seniors do not know whether or not there are services such as volunteer transportation, companion assistance to medical appointments and volunteer assistance with grocery shopping.
- Several participants talked of the need for an advocate to accompany seniors without families to medical appointments.

Suggestions

- Ensure printed materials on health and services are in plain language and large font.
- Make The Directory of Services and Social Activities for Older Adults available in medical offices, clinics and other health settings.
- Make information available to seniors on topics identified as of importance to seniors. Topics suggested: health conditions, best practices in self-care procedures such as taking blood sugars, available health educational programs, health and community services, homemaking within the provincial Home Care program, eligibility requirements for special care homes, the role of personal care homes in accessing special care homes, the difference between enriched housing, assisted living, retirement homes.

Delivery of services is coordinated and administratively simple

Observations. There was little discussion about the coordination and administrative complexity of the delivery of services other than a few statements about bureaucracy, the inefficiency of patients in one hospital being sent by ambulance to another hospital for procedures and some practices for the convenience of staff not for the benefit of patients. Other statements included families not being informed of what is happening to their family member in a hospital or care facility.

All staff treat older people with respect and sensitivity

Observations. Focus group participants described situations in which they were treated respectfully but others in which they felt disrespected because of age. One said, “ageism is alive and well in the health care system.”

- Participants described the attitude of some staff as implying “don’t bother me,” “you should be grateful to be alive at your age.” Several said they were compared unfavourably with fit younger adults and others said they were “encouraged” to look for another doctor. One told of her embarrassment at being asked personal questions by office staff.
- Several described situations in which they believed their human rights were not respected.
 - An aboriginal grandmother described lack of respect by staff towards her husband’s request for sweet grass ceremony in a special care home some years ago.
 - A gay person told how he was able to talk to his critically ill partner’s physician only after a social worker intervened.

Suggestions

- Age- friendly training and education on human rights and cultural sensitivity for health and community service staff.

Economic barriers

Positive Comments

- Focus group participants spoke highly of the Seniors’ Drug Plan, subsidized Home Care for low income seniors and subsidized care in special care homes and free access to medical and hospital care.

Negative comments.

Barriers to health and community support services discussed include:

- The financial burden of elderly couples who have to pay for housing twice, for the partner in a care facility and also for the one living independently.
- The lack of subsidies available for very old persons who run out of savings. A participant told about a family member who had exhausted her savings at 90 but lived to 102 in a personal care home, the costs of care assisted by her retired adult children.
- The costs of personal care homes which exceed the incomes of many seniors
- The cost of hearing aids for low income seniors
- The cost of dental care for low income seniors
- The costs of diabetic supplies
- Parking at hospitals, too expensive for many seniors and others
- The cost of ambulances which were described as “prohibitive” for low income seniors. Several participants talked about low income seniors compromising their

health by waiting for a ride to ER or not going because they could not pay for an ambulance.

- The ‘one problem-one appointment’, 10 minute appointment policies and the requirement patients see physician before prescriptions are renewed necessitate more physician visits, more expense, more time off work for families and heightened family burden. One participant said, “Having to see a doctor every month to get my prescriptions renewed when I have been on them for years is a huge waste of money for the government.”
- One focus group participant raised her concerns medical procedures are performed to increase physician incomes rather than because patients required them. She said she became interested after reading a newspaper article on physician incomes and observing her blood pressure was being taken more frequently than previously despite reassurances her good blood pressure was good..

Suggestions

- Encourage the development of programs that offer financial assistance to individuals based on their care needs rather than subsidies attached to facilities to enable client choice.
- Encourage governments to undertake a study of the financial implications of government and financial institutions’ policies on seniors living into their 90’s and 100’s and make appropriate changes.
- Develop payment programs for ambulances and other services that allow monthly payments and develop subsidies for low income seniors for ambulances.

Adequate access to designated burial sites

This issue was not raised in focus group discussions.

5.9.1.1.3 Offer of services

WHO descriptor. An adequate range of health and community support services is offered for promoting, maintaining and restoring health. Home care services are offered that include health services, personal care and housekeeping. Health and social services offered address the needs and concerns of older people. Service professionals have appropriate skills and training to communicate with and effectively serve older people.

Adequate range of health and community support services

Observations. Focus group participants described a wide range of health services. They described mainly good experiences with acute care (though some negative), palliative care, the Community Health Clinic, outpatient educational programs such as the diabetic education program, day programs, dementia units, delivery of medications, delivery and installation of medical equipment on loan through the Saskatchewan Abilities Council, and good co-operation between physicians and pharmacists. They reported mixed experiences with ER, ambulances, the Health Line and co-operation between physicians, and negative experiences parking at Saskatoon hospitals.

Negative Comments

They described major limitations in the range of services:

- Lack of caregiver supports was a recurring theme in focus groups with many concerns for seniors caring for their frail spouses at home or forced to live separately because of care needs.
 - Participants stated family caregivers' needs are not given enough attention in discharge and care plans.
 - They described respite available through community day programs and short term stays in long term care facilities as a “godsend” to caregivers but said more spots are needed to meet the need and these services are too expensive for seniors on low incomes.
 - One participant described how she could not get her dementing husband into a community day program because of his incontinence.
 - Participants also talked of the need for emergency day program spots.
- Long waits at ER
- A serious shortage of geriatricians and geriatric outpatient services and a lack of geriatric inpatient beds
- A serious shortage of mental health and addictions services for seniors
- Avoidance of alcohol and addictions issues with seniors by many health care professionals
- The limited availability of inpatient palliative care beds
- Lack of bereavement counseling at the time some bereaved persons need it, often some months after the death of their loved ones
- Lack of informal supports for isolated older adults
- Lack of interpreters for seniors who do not understand English or are deaf or hard of hearing
- Lack of services for homeless seniors
- Difficulty finding delivery services for groceries and meals for seniors who are not eligible for Meals on Wheels
- Seniors who move to Saskatoon from other areas report difficulty finding a family doctor
- Some health care practices create a burden for seniors and families both financially and on family relationships:
 - The ‘one problem-one appointment’ ,10 minute appointment policies and the requirement patients see physician before prescriptions are renewed necessitate more physician visits, more expense, time off work for families and heightened family burden.
 - ER phoning family at 3 a.m. to pick up elderly parent taken to ER in early evening

Suggestions

- Prioritize measures that support seniors with disabilities to live in the community. This includes increased Home Care services available on a long term basis, more day care

spaces and respite beds; affordable supportive housing that offers personal care as well as housekeeping services, and increased attention to the needs of family caregivers.

- Decrease caregiver burden. This includes acknowledging and prioritizing the needs of family caregivers in hospital discharge plans and community and care facility care plans and a willingness to change health care practices that add to family burden.
- Address the scarcity of affordable seniors' supportive housing within the context of health and supportive services.
- Improve access to seniors to geriatric services, community therapies, mental health and addictions services, grief counseling, nurse practitioners and health education.
- Develop grocery delivery programs or a travelling mobile unit with groceries for people who are unable to get out to shop.
- Saskatoon restaurants other than fast food restaurants could develop delivery services for seniors and others. A participant stated some restaurants in other communities offer such services.

Home Care Services

Observations. Focus group participants expressed appreciation of the Home Care program but also a lack of understanding of services provided under the program and where to get information. Some participants said politicians and other decision makers “pay lip service” to keeping people in the community but do not fund Home Care sufficiently.

Positive Comments

- Several participants who used Home Care extensively made comments such as “I have only good things to say about Home Care.”
- Several participants described how helpful it was to have Home Care physiotherapists treat them at home after hip and knee surgery.
- Participants described Meals on Wheels as an important program and several stated concerns about the dwindling numbers of volunteers to deliver meals.

Negative Comments

- Uncertainty about the availability of homemaking, to whom and under what circumstances was described as leading to “confusion” and “resentment” on the part of seniors wanting this service.
- Home Care’s practice of sending different staff persons requires family caregivers to give instructions repeatedly. One participant said, “By the time I give instructions every time I might as well do it myself.”
- Home making services purchased through the private home support agencies was described as too expensive for many seniors.
- Information on the SHR website on some important topics is not easily understandable to seniors. Topics include how to access Home Care, homemaking, home physiotherapy, Meals on Wheels and other home services needed by seniors.

Suggestions

- Prioritize community living and care by strengthening the Home Care program with increased funding.
- Provide clear information about services in plain language.
- As much as possible, decrease the number of staff going into a home.

Health and social services offered address the needs and concerns of older people

Focus group participants state many efficiency measures in health care are not good for seniors.

Suggestions

- Health practices that add to seniors' burden should be changed. This includes eliminating the 'one problem, one appointment' and 10 minute appointment policies. It was also suggested that requirements for the renewal of long term prescriptions be modified.

Service professionals have appropriate skills and training to communicate and effectively serve older people

Appropriate skills and training

- Focus group participants had concerns about the limited amount of time health professionals study the musculoskeletal system, geriatrics, chronic diseases, living with disabilities, palliative care, interviewing skills, ageism, issues affecting seniors, and sexual orientation.
- A need was identified for a gerontology program at university.
- Training in long term care and pastoral care was also identified as a need.
- Make age-friendly training and skills asking personal questions part of the job descriptions of all health care support staff who communicate with patients.

Effective communication and service

Positive comments

- Focus group participants spoke positively of their relationships with health care providers and the service they received. Examples include "I can't say enough good things about Home Care staff," "The physiotherapist who visited me at home after my knee surgery helped me a lot – what a great service," "The ambulance staff stayed with us after we got to ER and really helped my husband and me during a long wait."

Negative comments

- Some participants described situations in which health care staff members were not helpful and often attributed this to staff being very busy or short-staffed. Sometimes they attributed it to ageism or personality.
- Participants objected to practices such as a requirement that unplanned appointments be made at 8 a.m. the day of the requested visit on a first-come, first-serve basis. The participants pointed out that this practice often leaves seniors not served.

Suggestions

- An advocate be made available to seniors without families and supportive friends to accompany them to appointments and negotiate the health care system.

5.9.1.1.4 Voluntary Support

WHO descriptors. Volunteers of all ages are encouraged and supported to assist older people in a wide range of health and community setting

Observations. There were few comments about voluntary services and most were made by participants who either volunteer or use volunteer services.

Positive Comments

- Participants told about using volunteer transportation to medical appointments, delivering meals on wheels, taking seniors to medical appointments and grocery shopping. Several told about volunteering to help older seniors in their housing units find information.
- Many participants commented on the helpfulness of the Co-op bus which takes seniors in designated housing complexes to the Co-op on a regular basis.

Negative Comments

- There is a lack of transportation services with companion support for medical appointments for seniors without available family or friends. A participant told us, “I had my surgery but had no way to get back to the doctor for my follow-up appointment.”
- One focus group participant, a 30 year driver for Meals and Wheels, commented on the dwindling numbers of volunteers available to deliver meals on wheels.

Suggestions

- Publicize information on volunteer services.
- Churches and other community groups could be encouraged to make their kitchens available to groups of seniors to cook together.
- Churches and other community groups could be encouraged to prepare and sell home cooked meals to seniors.

5.9.1.1.5 Emergency community planning and care

WHO descriptors. Emergency planning includes older people, taking into account their needs and capacities in preparing for and responding to emergencies.

Observations. This topic was seldom discussed. When the topic was discussed, the participants said they did not know much about it and whether the needs and capacities of older people were taken into account.

Focus group participants expressed satisfaction with SHR’s response to H1N1.

5.9.1.2 Focus Group Results: Comments and Issues

Location and distribution of community and health services were not issues for focus group participants but accessibility was an identified issue. They expressed concerns about the accessibility of hospitals and some medical offices from parking lots and bus stops and from hospital entrances to admissions and outpatient clinics for persons of all ages with compromised

mobility. They commended the Community Clinic for its accessibility and for offering a wide range of health services under one roof. They suggested seniors and persons with disabilities have input into the design and evaluation of health care facility accessibility and of departments within facilities. They suggested development of transportation services for seniors to health and community services and information about these services be readily available.

Residential housing and care facilities gave rise to vigorous discussion with participants describing their worry about the availability of affordable seniors' housing. The long waiting lists, the quality of care in both personal care and special care facilities, and their "horror" about friends' experiences were part of the discussion. There was heart-felt discussion about the social and financial burdens on couples forced to live apart because of the care needs of one member of the couple. Other concerns included staffing levels in both personal care and special care homes, eligibility for government subsidized special care homes, costs of personal care homes, adequacy of regulations and monitoring of personal care homes, training of personal care home staff and lack of regulations for retirement homes, assisted living and enriched housing facilities. Participants suggested prioritizing the development of affordable seniors' housing with supports that can be added as residents' needs change and resources to enable couples to stay together when one develops heavy care needs. Further suggestions included evaluating policies and programs that cause high social and financial costs to frail seniors, providing financial assistance to persons based on need and allow client choice rather than provide subsidies attached to facilities. An alternate term should be used other than "involuntary separation" which causes pain and confusion about marital status. Participants suggested improving personal care homes regulations to include increased staff training and more frequent monitoring, establishing regulations for retirement homes, assisted living and enriched housing, and setting up an ombudsman for persons in care.

Focus group participants stated they have difficulty accessing information about their health conditions and the services they need. "The services are there," one said, "the trick is to find them." Information about homemaking through the public Home Care program and eligibility requirements was noted as problematic. They suggested information on health and community services be provided in plain language using large font in print and online. The Directory of Services and Social Activities for Older Adults should be available in medical offices, clinics and other health settings.

Coordination of services and bureaucracy received few comments from focus group participants. They commented on the inefficiency of transferring patients from one hospital to another for tests and believed some practices were for the convenience of health care staff, not for patients' benefit.

Focus group participants described experiences in which they were treated respectfully and others in which they felt disrespected as older persons. Several described situations in which they believed their human rights were violated. Participants suggested that Age- friendly training and education on human rights and cultural sensitivity be provided for health and community service staff.

Focus group participants noted economic barriers to health and community support services and said some seniors in Saskatoon live at risk because of their inability to pay the costs of care. Family members who are retired themselves provide financial assistance to relatives in their 90's and 100's to cover care costs. Participants suggested developing programs that offer financial assistance to individuals based on their care needs rather than subsidies attached to facilities. Governments should be encouraged to make the changes required in government and financial institutions' policies to allow for the increased life expectancies of many seniors into their 100's. There should be ways to make care, ambulance, dental care and aids more affordable for seniors and others on low incomes.

Focus group participants described the availability of a wide range of health services and community support services including hospital services, special care facilities offering respite beds and day programs, long term care, Home Care and medical equipment on loan to health, educational and support programs. They pointed to important gaps in the range of services, notably a lack of geriatric inpatient beds, serious shortages of geriatricians and geriatric services, mental health and addictions services for seniors, palliative care beds and inadequate caregiver supports. They said seniors moving into Saskatoon experience difficulty finding family doctors. They told of difficulty finding delivery programs for groceries and meals for seniors who do not qualify for Meals on Wheels. They suggested priority be given to measures that support seniors with disabilities live in the community including increased attention to the needs of family caregivers and to the social and financial burdens on couples forced to live separately because of care needs. Further suggestions included increased Home Care services available on a long term basis, increased numbers of day program spaces and respite beds, affordable supportive housing that provides personal care as well as housekeeping services, increased access to geriatric, mental health and addictions services and the development of grocery and meal delivery programs for seniors regardless of health.

Focus group participants had many positive comments about Home Care, its accessibility and affordability, the services it provides and its staff. Participants said they had difficulty getting information on Home Care services, homemaking in particular. Questions were raised about the availability and eligibility for homemaking through the public Home Care program. Some participants described Home Care scheduling practices which they said caused stress. They suggested less "lip service" to keeping people in their own home and more funding to Home Care and other community supports to accomplish this goal.

Participants stated not only do many efficiency measures in health care overlook the needs and concerns of older people but some add to family and economic burden. The 'one problem, one appointment', 10 minutes appointment policies and procedures required for prescription renewal were pointed out in particular. They suggested the elimination of efficiency measures that have negative impact on seniors.

Participants stated they had concerns about some aspects of service professionals' training and communication skills and suggested more training in geriatrics, chronic diseases, the musculoskeletal system, palliative care, living with disabilities, ageism, sexual orientation and interviewing skills.

There was little discussion of voluntary services other than a few comments by participants who either volunteered or used volunteer services. Most participants commented on the dwindling numbers of volunteers, the lack of volunteer services and lack of awareness of existing services. They suggested publicizing existing volunteer services, developing transportation services for seniors to health and community service appointments, and encouraging churches and community groups to consider how they can support older adults at home.

Focus group participants spoke little about emergency community planning other than a general lack of awareness about it and whether the needs and capacities of older people are taken into account.

Quantitative Results: 8. Community Support and Health Services

5.9.3 Quantitative Results: Surveys

As a result of the item sampling, on the *Age-friendly community support and health services checklist*, the following aspects were addressed: (1) Service Accessibility; (2) Offer of Services (Availability); (3) Volunteer Support; and, (4) Emergency Planning and Care. The generic question addressed was “*What is your experience with the services in your community to help older persons?*”

The percentages and means of the survey samples responses to the Community Support and Health Services section of the Age-friendly Saskatoon Survey have been presented in Table 25. While all responses have been included in the calculation of the percentages, since the Not Sure (NS) response and No Response (NR) alternatives could not be assigned a numeric value on a continuum, these responses were not included in the calculation of the mean responses. However, the percentage of Not Sure and No Response has been considered to be a measure of the centrality of the subject of the item to the experiences and needs of the respondents, thus, it has been considered to be an Index of Centrality. Items with fewer than 10 per cent of the respondents selecting Not Sure or NR were considered to be of central interest; items with between 10 per cent and 19 per cent, selecting NS or NR were considered of moderate central interest; and items with 20 per cent or more were considered to be of low or special interest.

When classified on the basis of the gender of the respondents and on whether or not the respondents have an ability limitation, similar results have been presented in Tables 26 and 27, respectively. Again, the percentage of Not Sure responses has been considered to be an Index of Centrality of the item to the experiences and interests of the individual. Differences of 10 per cent or more between the response percentages of the samples have been considered noteworthy or significant.

5.9.3.1 Service accessibility

Total sample

The statements posed to assess the Service Accessibility theme of the Community Support and Health Services Dimension were the following:

Home services

- Affordable and available health and home services are in place and include, health, personal care and housekeeping;
- Affordable meal programs are available to all seniors in the community, regardless of their health status;
- Services are well-coordinated and administratively simple; and,
- Health and social services are conveniently located and accessible by all means of transportation.

Health services and facilities

- Health care facilities include clusters of services (e.g. doctors, podiatrists, OTs, pharmacists) and provide “one stop” health or wellness services
- Residential care facilities and designated senior housing are located close to services and the rest of the community;
- Affordable palliate care services available; and,
- Health and social services are conveniently located and accessible by all means of transport.

As noted above, the Service Accessibility theme was structured around those health and social services accessible in the home, and health services accessible in the community.

Health and social services accessible in the home. In terms of home support, as shown in Table 25, a bare majority (50.1%) of the respondents believed affordable health; personal care and housekeeping services were available. Disagreeing with this statement was 26.1 per cent of the respondents: 23.8 per cent were unsure or did not respond. Thus, accessible home health and social services was an issue for only a quarter of the seniors. Similarly, as to whether or not affordable meal programs were available to all seniors, 19.9 per cent of the respondents felt this meal service was not available, 39.1 per cent believed it was, and 41.1 per cent were unsure or did not respond. Thus, only one in five seniors saw the availability of affordable meals programs as an issue. It would appear the respondents had mixed assessments of the coordination and administration of these support services. While 46.7 per cent of the seniors essentially did not know enough about the administration of the services to make an assessment, equal percentages of respondents agreed and disagreed with the statement (Agree: 25.9%; Disagree 27.5%). There appeared to be no informed consensus on the assessment of the administration of services. Again, on whether or not health and social services were conveniently located and accessible by all means of transport, approximately one-third agreed, one-third disagreed and one-third were of no opinion. The mean score of 2.5 could be interpreted as a neutral response.

In summary, from a home support perspective, the majority of the seniors believed affordable health, personal care and housekeeping services were available – accessibility of these services was an issue for only one-quarter of the respondents. There was no agreement on whether or not affordable meal programs were available, and whether or not the services were well-coordinated and administratively simple. As to whether or not health and social services are conveniently located and accessible by all means of transportation, as would be expected, one-third agreed

they were, one-third disagreed, and one-third of the respondents essentially did not know. It would appear home support services was an issue for only a minority of the respondents.

Health services accessible in the community. In terms of health services, as shown in Table 25, 38.1 per cent of the respondents held that health care facilities include clusters of services and provide “one stop” health and wellness services; 40.0 per cent disagreed; and, 21.9 per cent were not sure or did not respond. Thus, a significant minority of respondents felt the health care facilities did not provide a cluster of services

Table 25
Survey Results: 8. Community Support and Health Services: All

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
<i>What is your experience with the services in your community to help older persons?</i>						
Caring and Responsive Professionals						
Physicians are available within the community	9.9	3.6	16.6	62.6	6.0	2.8
Public health nurses are available at health centres and to conduct home visits	28.1	2.3	9.3	55.6	4.6	2.9
Specialists (including gerontologists) conduct assessments on a regular basis in the community and arrange follow-up with primary care physicians	44.0	5.6	25.8	22.5	2.0	2.4
All staff are respectful, helpful and trained to serve older people	25.5	3.3	21.2	45.7	4.3	2.7
Total Component						2.7
Home, Health and Support Services						

Affordable and available health and home services are in place and include health, personal care and housekeeping	23.8	3.6	22.5	47.4	2.7	2.6
Home supports are available in a timely manner	38.1	3.6	20.5	35.4	2.3	2.6
Affordable meal programs are available to all seniors in the community, regardless of their health status	41.1	3.0	16.9	36.1	3.0	2.7
Delivery services (groceries, medicines, etc.) or escorted shopping services are available to seniors	33.4	3.0	17.6	42.4	3.6	2.7
Services are well-coordinated and administratively simple	46.7	3.3	24.2	24.2	1.7	2.5
Health assessments are conducted during home visits	57.3	1.7	12.3	26.5	2.3	2.7
Health and social services are conveniently located and accessible by all means of transport	33.8	5.3	25.2	34.8	1.0	2.5
Total Component						2.6
Diversity of Health Services and Facilities						
Health care facilities include clusters of services . . . and provide “one stop” health and wellness services	21.9	5.6	34.4	35.1	3.0	2.5

Table 25 (Cont.)

Survey Results: 8. Community Support and Health Services: All

Dimension/ Item	% NR/ Not- sure	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	* Mean
Diversity of Health Services and Facilities (Cont.)						
Affordable palliate care services available	38.1	4.3	12.9	40.1	4.6	2.7
Specialty services are available in the community, including mental health services, health screening and specialty clinics, such as for diabetes and cancer care outreach	29.5	2.7	16.2	46.4	5.3	2.8
An adequate range of health and community support services is offered for promoting, maintaining and restoring health	35.8	3.0	19.2	39.7	2.3	2.6
Residential care facilities and designated senior housing is located close to services and the rest of the community	32.1	2.7	22.9	39.4	3.0	2.6
Health assessments are conducted during home visits	58.9	2.3	11.3	24.8	2.7	2.7
Health and social services are conveniently located and accessible by	37.4	1.3	26.8	33.1	1.3	2.6

all means of transport						
Community emergency planning takes into account the vulnerabilities and capacities of seniors	52.0	4.6	20.5	19.5	3.3	2.4
Total Component						2.6
Caregiver Support						
Caregivers are “given a break” from their responsibilities through programs such as home support and senior day programs	41.7	3.3	15.6	37.1	2.3	2.7
Educational programs on elder care and similar available services are provided to families who are, or will be, caring for older adults	53.3	3.3	12.9	27.5	3.0	2.6
Total Component						2.7
Availability of Equipment and Aids						
Medical equipment (including medical alerts) is available through a loan program or at no cost to seniors	49.0	3.3	15.6	27.8	4.3	2.6
TOTAL DIMENSION						<u>2.62</u>

and “one stop” health and wellness services. As to whether or not residential care facilities and senior housing were located close to services and the rest of the community, 42.4 per cent of respondents thought they were and 25.6 per cent thought they were not. Thirty two decimal one per cent were not sure or did not respond. Thus, there was a mixed assessment of the proximity of residential care facilities and senior housing to services and the rest of the community. These results may be the result of the referent facilities the respondent used when making the assessment: some residences were close and other facilities were not. A substantial minority of seniors (44.7%) agreed that affordable palliate care services were available: only 17.2 per cent disagreed. The relatively high percentage of 38.1 was unsure or did not respond. This suggests the affordability and availability of palliate care was not a major concern of a substantial minority of seniors but, for those for whom it was a concern, a substantial majority believed such services were available – a small minority disagreed. As for the convenience of health services, the opinions were divided: 34.4 per cent agreed; 25.6 per cent disagreed; and, 37.4 per cent offered no assessment. The percentages strongly agreeing and disagreeing were very small. This suggests the convenience of the location and accessibility of health and social services was a minor consideration.

In summary, it would appear accessibility to health services in the community was not a major issue among the respondents. A significant minority of respondents felt the health care facilities did not provide a cluster of services and “one stop” health and wellness services. There was a mixed assessment of the proximity of residential care facilities and senior housing to services and the rest of the community. Affordability and availability of palliate care was not a major concern of a substantial minority of seniors but, for those for whom it was a concern, a substantial majority believed such services were available – a small minority disagreed. The

convenience of the location and accessibility of health and social services was a minor consideration.

Differences – Sex and Abilities

Sex differences. The responses to the Service Accessibility theme of the Community and Health Services Dimension, classified on the basis of the sex of the respondents, have been reported in Table 26.

Home services accessibility. As shown in the Table, there were no significant differences between the sexes in their responses to the affordability and availability of health and home services, affordable and available meals programs, and the convenience of the location of health and social services. However, a significantly greater percentage of the female respondents believed the services were not well-coordinated and administratively simple (Disagree: Female 30.2%; Male 20.2%). Conversely, 36.9 per cent of the males and 21.9 per cent of the females believed they were well-coordinated and administered. A high percentage of both sexes were unsure. Thus, there were no significant differences between the sexes on their assessment of the affordability and availability of home services but there was a significant difference in their assessment of the coordination and administration of those services – males provided a more positive assessment.

Table 26
Survey Results: 8. Community Support and Health Services:
Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
<i>What is your experience with the services in your community to help older persons?</i>						
Caring and Responsive Professionals						
Physicians are available within the community	70.2	9.5	20.2	68.4	11.2	20.5
Public health nurses are available at health centres and to conduct home visits	73.8	16.7	9.5	54.9	32.6	12.6
Specialists (including gerontologists) conduct assessments on a regular basis in the community and arrange follow-up with primary care physicians	36.9	36.9	26.2	20.0	46.5	33.5
All staff are respectful, helpful and trained to serve older people	66.7	20.2	13.1	43.7	27.4	28.8

Home, Health and Support Services						
Affordable and available health and home services are in place and include health, personal care and housekeeping	50.0	28.6	21.4	49.8	21.9	28.4
Home supports are available in a timely manner	38.1	40.5	21.4	37.2	37.2	25.6
Affordable meal programs are available to all seniors in the community, regardless of their health status	41.7	41.7	16.7	37.7	40.9	21.4
Delivery services (groceries, medicines, etc.) or escorted shopping services are available to seniors	50.0	34.5	15.5	45.1	32.6	22.3
Services are well-coordinated and administratively simple	36.9	42.9	20.2	21.9	47.9	30.2
Health assessments are conducted during home visits	25.0	58.3	16.7	30.7	56.3	13.0
Health and social services are conveniently located and accessible by all means of transport	40.5	32.1	27.4	33.5	34.4	32.1

**Table 26 (Cont.)
Survey Results: 8. Community Support and Health Services:
Sex Differences**

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Diversity of Health Services and Facilities						
Health care facilities include clusters of services . . . and provide “one stop” health and wellness services	44.1	19.1	36.9	35.8	22.8	41.4
Affordable palliate care services available	48.8	34.5	16.7	43.3	39.1	17.7
Specialty services are available in the community, including mental health services, health screening and specialty clinics, . for diabetes and cancer care outreach	59.5	25.0	15.5	48.8	30.7	20.5
An adequate range of health and community support services is offered for promoting, maintaining and restoring health	61.9	23.8	14.3	34.4	40.0	25.6
Residential care facilities and designated senior housing is	48.8	28.6	22.6	40.0	33.5	26.5

located close to services and the rest of the community						
Health assessments are conducted during home visits	25.0	59.5	15.5	28.8	58.1	13.0
Health and social services are conveniently located and accessible by all means of transport	41.7	31.0	27.4	31.6	40.0	28.4
Community emergency planning takes into account the vulnerabilities and capacities of seniors	26.2	44.1	29.8	21.4	54.9	23.7
Caregiver Support						
Caregivers are “given a break” from their responsibilities through programs such as home support and senior day programs	38.1	42.9	19.1	40.0	41.4	18.6
Educational programs on elder care and similar available services are provided to families who are, or will be, caring for older adults	34.5	52.4	13.1	29.3	53.5	17.2

**Table 26 (Cont.)
Survey Results:**

8. Community Support and Health Services: Sex Differences

Dimension/ Item	Male			Female		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Availability of Equipment and Aids						
Medical equipment (including medical alerts) is available through a loan program or at no cost to seniors	35.7	48.8	15.5	30.7	49.3	20.0

Health services available in the community. As shown in Table 26, there were no significant differences in the responses of male and female respondents to the health –services-available-in-the-community items except for the assessment of the convenience of the location of the health and social services. Here, the males provided a significantly higher assessment but that difference could be attributed to the difference in the not-sure rate. Thus, it would appear the prudent conclusion would be there were no significant differences between the sexes in their assessments of the health services available in the community.

Ability differences. The responses to the Service Accessibility theme of the Community and Health Services Dimension, classified on the basis of the ability limitations of the respondents, have been reported in Table 27.

Home services accessibility. Inspection of Table 27 would show there were no significant differences between the ability groupings in their assessment of the accessibility of home health and social services.

Health services available in the community. There were no significant differences between the ability groupings in their responses to the availability items addressing the clustering of services, the proximity of residential care facilities to services and the rest of the community, and the convenience of the location of health and social services. Inspection of Table 27 showed a significantly higher percentage of the able-bodied than limited-ability individuals agreed that affordable palliate care was available. However, since a similar percentage disagrees, the agreement difference may be largely attributable to the significant differences in not-sure responses. It would appear the prudent conclusion would be there were no significant differences between the ability groups in their assessment of the health services available in the community

Table 27
Survey Results: 8. Community Support and Health Services:
Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
<i>What is your experience with the services in your community to help older persons?</i>						
Caring and Responsive Professionals						
Physicians are available within the community	66.3	13.9	19.8	70.2	9.1	20.7
Public health nurses are available at health centres and to conduct home visits	54.5	34.7	10.9	63.1	24.8	12.1
Specialists (including gerontologists) conduct assessments on a regular basis in the community and arrange follow-up with primary care physicians	24.8	46.5	28.7	24.8	42.4	32.8
All staff are respectful, helpful and trained to serve older people	53.5	23.8	22.7	48.5	26.3	25.3
Home, Health and Support Services						
Affordable and available health and home services are in place and include health, personal care and housekeeping	52.5	24.8	22.8	49.0	22.7	28.3
Home supports are available in a timely manner	35.6	43.6	20.8	38.9	34.9	26.3
Affordable meal programs are available to all seniors in the community, regardless of their health status	40.6	45.5	13.9	37.9	38.9	23.2
Delivery services (groceries, medicines, etc.) or escorted shopping services are available to seniors	49.5	31.7	18.8	45.0	33.8	21.2
Services are well-coordinated and administratively simple	29.7	48.5	21.8	24.2	45.5	30.3
Health assessments are conducted during home visits	29.7	61.4	8.9	28.8	54.6	16.7

Table 27 (Cont.)
Survey Results: 8. Community Support and Health Services:
Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Home, Health and Support Services (Cont.)						
Health and social services are conveniently located and accessible by all means of transport	35.6	39.6	24.8	35.9	30.3	33.8
Diversity of Health Services and Facilities						
Health care facilities include clusters of services . . . and provide “one stop” health and wellness services	34.7	23.8	41.6	40.4	20.2	39.4
Affordable palliate care services available	36.6	45.5	17.8	49.0	33.8	17.2
Specialty services are available in the community, including mental health services, health screening and specialty clinics, . for diabetes and cancer care outreach	47.5	37.6	14.9	54.0	24.8	21.2
An adequate range of health and community support services is offered for promoting, maintaining and restoring health	44.6	39.6	15.8	40.9	33.3	25.8
Residential care facilities and designated senior housing is located close to services and the rest of the community	37.6	35.6	26.7	45.5	29.8	24.8
Health assessments are conducted during home visits	27.7	61.4	10.9	27.8	57.1	15.2
Health and social services are conveniently located and accessible by all means of transport	34.7	39.6	25.7	34.9	35.9	29.3
Community emergency planning takes into account the vulnerabilities and capacities of seniors	25.7	46.5	27.7	21.2	54.6	24.2

Table 27 (Cont.)
Survey Results:8. Community Support and Health Services:
Ability Limitations

Dimension/ Item	Yes – limited ability			No – no physical limit		
	% * Agree	% Not- sure	% * Disagree	% Agree	% Not- sure	% Disagree
Caregiver Support						
Caregivers are “given a break” from their responsibilities through programs such as home support and senior day programs	37.6	51.5	10.9	40.9	36.4	22.7
Educational programs on elder care and similar available services are provided to families who are, or will be, caring for older adults	22.8	61.4	15.8	34.9	49.0	16.2
Availability of Equipment and Aids						
Medical equipment (including medical alerts) is available through a loan program or at no cost to seniors	28.7	53.5	17.8	34.3	46.5	19.2

Conclusion

The Service Accessibility theme was structured around the sub-themes of those health and social services accessible in the home, and health services accessible in the community. The following conclusions reached in the reporting of the results from each of these sub-themes.

Health and social services accessible in the home. From a home support perspective, the majority of the seniors believed affordable health, personal care and housekeeping services were available – accessibility of these services was an issue for only one-quarter of the respondents. There was no agreement on whether or not affordable meal programs were available, and whether or not the services were well-coordinated and administratively simple. As to whether or not health and social services are conveniently located and accessible by all means of transportation, as would be expected, one-third agreed they were, one-third disagreed, and one-third of the respondents essentially did not know. It would appear home support services was an issue for only a minority of the respondents. There were no significant differences between the sexes on their assessment of the affordability and availability of home services but there was a significant difference in their assessment of the coordination and administration of those services – males provided a more positive assessment. There were no significant differences between the ability groupings in their assessment of the accessibility of home health and social services.

Health services accessible in the community. It would appear accessibility to health services in the community was not a major issue among the respondents. A significant minority of respondents felt the health care facilities did not provide a cluster of services and “one stop”

health and wellness services. There was a mixed assessment of the proximity of residential care facilities and senior housing to services and the rest of the community. Affordability and availability of palliative care was not a major concern of a substantial minority of seniors but, for those for whom it was a concern, a substantial majority believed such services were available – a small minority disagreed. The convenience of the location and accessibility of health and social services was a minor consideration. There were no significant differences between the sexes and the ability groups in their assessments of the health services available in the community.

5.9.3.2 Offer of services (Availability)

Total sample

The statements posed to assess the Offer of Services (Availability) theme of the Community Support and Health Sciences Dimension were the following:

Caring and Responsive Professionals

- Physicians are available within the community;
- Public health nurses are available at health centres and to conduct home visits;
- Specialists (including gerontologists) conduct assessments on a regular basis in the community and arrange follow-up with primary care physicians; and,
- All staff are respectful, helpful and trained to serve older people.

Home, Health and Support services

- Home supports are available in a timely manner;
- Delivery services (groceries, medicines, etc.) or escorted shopping services are available to seniors; and,
- Health assessments are conducted during home visits.

Diversity of Health Services and Facilities

- Specialty services are available in the community, including mental health services, health screening and specialty clinic, such as for diabetes and cancer care outreach;
- An adequate range of health and community support services is offered for promoting, maintaining and restoring health;
- Health assessments are conducted during home visits; and,
- Medical equipment (including medical alerts) is available through a loan program or at no cost to seniors.

Availability of caring and responsive professionals. As shown in Table 25, the majority of respondents (68.6%) believed physicians were available and a minority (20.2%) disagreed. The issue had a high index of centrality (9.9%). Thus, the availability of physicians was of central concern to the seniors but only 20 per cent of the seniors believed there were difficulties. As for the availability of public health nurses, the issue was not of central concern (28.1%) and 60.2 per cent of the seniors believed they were available. Only 11.6 per cent of the respondents disagreed. Thus, the availability of public health nurses was not of central concern to the seniors: the majority believed such nurses were available. On the other hand, the availability of specialists to conduct assessment on a regular basis and arrange follow-up with primary care physicians, 31.4 per cent of the respondents believed they were not available, and 44.0 per cent were unsure or did not respond – a low level of centrality. Only 24.5 per cent of the seniors

thought specialist services were available. It would appear seniors were of two minds on the availability of specialists: a significant minority felt specialist services were not available while another minority expressed no opinion. As to whether or not all staff were respectful, helpful and trained to server older people, 50 per cent of respondents agreed, 24.5 per cent disagreed, and 25.5 were not sure or did not respond. Thus, the seniors were of a mixed mind on their assessment of the respect and helpfulness shown by all professional staff. A majority of seniors provided a positive assessment, a quarter provided a negative assessment, and another quarter expressed no opinion.

In summary, on the Availability of Caring and Responsive Professionals sub-theme, the availability of physicians was of central concern to the seniors but only 20 per cent of the seniors believed there were difficulties. The availability of public health nurses was not of central concern to the seniors: the majority believed such nurses were available. It would appear seniors were of two minds on the availability of specialists: a significant minority felt specialist services were not available while another minority expressed no opinion. The seniors were of a mixed mind on their assessment of the respect and helpfulness shown by all professional staff. A majority of seniors provided a positive assessment, a quarter provided a negative assessment, and another quarter expressed no opinion.

Availability of Home, Health and Support services. As shown in Table 25, there appeared to be a mixed assessment on the availability of timely home support services: 38.1 per cent of the respondents were not sure; for 37.7 per cent of the respondents such timely services were available, but for 24.1 per cent they were not. On the availability of timely home support, almost equal proportions of respondents did not know, agreed they were available, and disagreed on their availability. On the availability of delivery or escorted shopping services, 46.0 per cent of the respondents agreed that such services were available; 20.6 per cent disagreed; and 33.4 per cent were not sure or did not respond. It would appear, of those seniors seeking such delivery and escorted shopping services, a significant majority found the services available and a minority did not share this experience. Whether or not health assessments were conducted during home visits did not appear to be a concern or a shared experience. Fifty seven decimal three per cent of the respondents were not sure, 14.0 per cent believed such home assessments were not available, and 28.8 per cent believed they were. Thus, it would appear the availability of health assessments at home was not an issue among this group of older adults.

In summary, on the Availability of Home, Health and Support Services sub-theme, there was a mixed assessment on the availability of timely home support services: almost equal proportions of respondents did not know, agreed they were available, and disagreed on their availability. Also, it would appear, of those seniors seeking delivery and escorted shopping services, a significant majority found the services available and a minority did not share this experience. Also, it would appear the availability of health assessments at home was not an issue among this group of older adults.

Availability of a Diversity of Health Services and Facilities. The majority of respondents (51.7%) agreed specialty services were available – only 18.9 per cent disagreed. A significant minority of the older adults was not sure or did not respond. Thus, of those seniors seeking specialty services, a significant majority found them available and a small minority did not share

this experience. Similarly, on whether or not there was an adequate range of health and community support services, 35.8 per cent of the respondents were not sure, 42.0 per cent agreed there was, and 22.2 per cent disagreed. Thus, there was a mixed assessment on the availability of an adequate range of health and community support services, with significant minorities agreeing and disagreeing. Again, as to whether or not health assessment services were available during home visits, it would appear to be a non-issue among the seniors. Similarly, while 32.1 per cent of the respondents believed medical equipment was available through loan programmes or at no cost to seniors, 49.0 per cent were not sure or did not respond. This would indicate the issue of medical equipment availability was not of central concern to the majority of this sample of seniors.

In summary, on the Availability of a Diversity of Health Services and Facilities, the responses of the respondents indicated of those seniors seeking specialty services, a significant majority found them available and a small minority did not share this experience. There was a mixed assessment on the availability of an adequate range of health and community support services, with significant minorities agreeing and disagreeing on the adequacy. The issue of medical equipment availability was not of central concern to the majority of this sample of seniors.

Differences – Sex and Ability

Sex differences. The responses, classified on the basis of the sex of the respondents, have been reported in Table 26.

Availability of caring and responsive professionals. As shown in Table 26, there were significant differences between the responses of males and females on all availability of caring and responsive professional items except the availability of physicians in the community. Significantly lower percentages of females than males believed public health nurses were available (Agree: Females 54.9%; Males 73.8%); specialists conduct assessments on a regular basis and arrange follow-up with primary care physicians (Agree: Females 20.0%; Males 36.9%); and, staff are respectful (Agree: Females 43.7%; Males 66.7%).

Availability of home, health and support services. On the availability of home health and support services items, the responses of the two sexes were similar. There was agreement between the sexes on the availability of timely home support services; delivery services and escorted shopping services; and, health assessments conducted at home.

Availability of a diversity of health services and facilities. While there was agreement between the sexes on the availability of health assessments at home, and the availability of medical equipment, there were significant differences on the availability of specialist services (Agree: Female 48.8%; Males 59.5%); and on the availability of an adequate range of health and community support services (Agree: Females 34.4%; Males 61.9%). While a majority of males believed they had access to specialist services and an adequate range of health and community support services, only a minority of females shared this assessment.

Ability differences. The responses, classified on the basis of whether or not the respondents were able-bodied have been reported in Table 27.

Availability of caring and responsive professionals. The differences between the responses of the limited-ability and able-bodied respondents on the availability of caring and responsive professional were not significant.

Availability of home, health and support services. The differences between the responses of the limited-ability and able-bodied respondents on the availability of home health and support services were not significant.

Availability of a diversity of health services and facilities. There were no significant differences between the responses of the limited-ability able-bodied respondents on their assessment of the availability of a diversity of health services and facilities.

Thus, the respondents' assessments of the availability of health and support services were not related to whether or not they were able-bodied.

Conclusion

The Offer of Services (Availability) theme was structured around the sub-themes of availability of caring and responsive professionals, the availability of home health and support services and the availability of a diversity of health services and facilities. The following conclusions were reached in the reporting of the results from each of these sub-themes.

Availability of caring and responsive professionals. On the Availability of Caring and Responsive Professionals sub-theme, the availability of physicians was of central concern to the seniors but only 20 per cent of the seniors believed there were difficulties. The availability of public health nurses was not of central concern to the seniors: the majority believed such nurses were available. It would appear seniors were of two minds on the availability of specialists: a significant minority felt specialist services were not available while another minority expressed no opinion. The seniors were of a mixed mind on their assessment of the respect and helpfulness shown by all professional staff: a majority of seniors provided a positive assessment, a quarter provided a negative assessment, and another quarter expressed no opinion. Significantly lower percentages of females than males believed public health nurses were available, specialists conducted assessments on a regular basis and arranged follow-ups with primary care physicians and staff was respectful. The differences between the responses of the limited-ability and able-bodied respondents on the availability of caring and responsive professional were not significant.

Availability of home, health and support services. On the Availability of Home, Health and Support Services sub-theme, there was a mixed assessment on the availability of timely home support services: almost equal proportions of respondents did not know, agreed they were available, and disagreed on their availability. Also, it would appear, of those seniors seeking delivery and escorted shopping services, a significant majority found the services available and a minority did not share this experience. Also, it would appear the availability of health assessments at home was not an issue among this group of older adults. On the availability of home health and support services items, the responses of the two sexes were similar. There was

agreement between the sexes on the availability of timely home support services, delivery services and escorted shopping services, and health assessments conducted at home. The differences between the responses of the limited-ability and able-bodied respondents on the availability of home health and support services were not significant.

Availability of a diversity of health services and facilities. On the Availability of a Diversity of Health Services and Facilities, the responses of the respondents indicated of those seniors seeking specialty services, a significant majority found them available and a small minority did not share this experience. There was a mixed assessment on the availability of an adequate range of health and community support services, with significant minorities agreeing and disagreeing on the adequacy. The issue of medical equipment availability was not of central concern to the majority of this sample of seniors. While a majority of males believed they had access to specialist services and an adequate range of health and community support services, only a minority of females shared this assessment. There was agreement between the sexes on the availability of health assessments at home, and the availability of medical equipment, There were no significant differences between the responses of the limited-ability able-bodied respondents on their assessment of the availability of a diversity of health services and facilities. In general, the respondents' assessments of the availability of health and support services were not related to whether or not they were able-bodied.

5.9.3.3 Voluntary Support

Total sample

The statements posed to assess the Voluntary Support theme of the Community Support and Health Services Dimension were the following:

- Caregivers are “given a break” from their responsibilities through programs such as home support and senior day programs; and,
- Educational programs on elder care and similar available services are provided to families who are, or will be, caring for older adults.

As shown in Table 25, 39.4 per cent of the respondents believed caregivers were “given a break” from their responsibilities through programmes such as home support and senior day programmes; however, 18.9 per cent did not agree and 41.7 per cent were not sure. Therefore only a minority of the respondents believed caregiver respite support was available in Saskatoon. As for the availability of educational programmes on elder care, again, only a minority of 30.5 per cent of the seniors believed such programmes were available and a minority of 16.2 per cent disagreed and 53.3 per cent were not sure. Thus, the majority of respondents were not sure as to whether or not educational programmes on elder care were available – a minority held they were. Thus, it would appear the majority of respondents were not familiar with the caregiver support programmes and services available in Saskatoon. Only a minority agreed that caregiver respite services and educational programmes on elder care were available.

Differences – Sex and Ability

Sex differences. As shown in Table 26, there were no significant differences between the responses of males and females on the items assessing the availability of caregiver respite services and educational programmes on elder care.

Ability differences. Table 27 contains the descriptive statistics on the responses of the limited-ability and able-bodied respondents to the caregiver support and educational programmes for elder care assessment items. As shown in the Table, there was no significant difference between the responses on the availability of caregiver respite support. However, a significantly lower percentage of the limited-ability than able-bodied respondents believed educational programmes on elder care were available. In both cases it was a minority of the respondents holding this opinion.

Conclusion

From the analysis of the results on the Voluntary Support theme of the Community and Health Services Dimension, it was concluded the majority of respondents were not familiar with the caregiver support programmes and educational services available in Saskatoon. Only a minority agreed that caregiver respite services and educational programmes on elder care were available. There were no significant differences between the responses of males and females on the items assessing the availability of volunteer support services. There was no significant difference between the responses of the able-bodied and limited-ability respondents on the availability of caregiver respite support. However, a significantly lower percentage of the limited-ability than able-bodied respondents believed educational programmes on elder care were available. In both cases it was a minority of the respondents holding this opinion.

5.9.3.4 Emergency Planning and Care

Total Sample

The following was the only item assessing the Emergency Planning and Care theme of the Community and Health Services Dimension of an age-friendly community:

- Community emergency planning takes into account the vulnerabilities and capacities of seniors.

As shown in Table 25, the majority of respondents were not sure whether or not the community emergency plan took such matters into account or if such a plan existed. There was a near balance between the percentages of respondents agreeing and disagreeing with the statement (Agree; 22.8%; Disagree; 25.1%). In short, it would be reasonable to assume the majority of seniors were not familiar with the existence of a community emergency plan or of the terms of such a plan.

Differences – Sex and Abilities

Sex differences. When classified on the basis of the sex of the respondents, the results mirrored those for the general population. As shown in Table 26, there were no significant differences between the responses of members of both sexes but a higher percentage of females were not sure about the existence and nature of community emergency planning.

Ability differences. The analysis of the responses categorized on the basis of whether or not the respondents were able-bodied showed there were no significant differences: the largest percentage of both groups were not sure about the community emergency planning and small but near equal minorities of respondents agreed and disagreed with the statement, respectively. It would appear community emergency planning has low visibility in Saskatoon.

Conclusion

,It would be reasonable to assume the majority of seniors were not familiar with the existence of a community emergency plan or of the terms of such a plan. There were no significant differences between the responses of members of both sexes but a higher percentage of females were not sure about the existence and nature of community emergency planning. Among the able-bodied and limited-ability respondents, the largest percentage of both groups were not sure about the community emergency planning and small but near equal minorities of respondents agreed and disagreed with the statement, respectively. It would appear community emergency planning has low visibility in Saskatoon.

5.9.3.5 Summary and Conclusions of Quantitative Analysis of the Data on the Community and Health Services Dimension of an Age-friendly Community

The following is a compilation of the results of the analysis of the quantitative data derived from the 302 participants' responses to the themes of the Community and Health Services Dimension statements in the Age-friendly Saskatoon Survey:

Service Accessibility

The Service Accessibility theme was structured around the sub-themes of those health and social services accessible in the home, and health services accessible in the community. The following were conclusions reached in the reporting of the results from each of these sub-themes.

Health and social services accessible in the home. From a home support perspective, the majority of the seniors believed affordable health, personal care and housekeeping services were available – accessibility of these services was an issue for only one-quarter of the respondents. There was no agreement on whether or not affordable meal programs were available, and whether or not the services were well-coordinated and administratively simple. As to whether or not health and social services are conveniently located and accessible by all means of transportation, as would be expected, one-third agreed they were, one-third disagreed, and one-third of the respondents essentially did not know. It would appear home support services was an issue for only a minority of the respondents. There were no significant differences between the sexes on their assessment of the affordability and availability of home services but there was a significant difference in their assessment of the coordination and

administration of those services – males provided a more positive assessment. There were no significant differences between the ability groupings in their assessment of the accessibility of home health and social services.

Health services accessible in the community. It would appear accessibility to health services in the community was not a major issue among the respondents. A significant minority of respondents felt the health care facilities did not provide a cluster of services and “one stop” health and wellness services. There was a mixed assessment of the proximity of residential care facilities and senior housing to services and the rest of the community. Affordability and availability of palliative care was not a major concern of a substantial minority of seniors but, for those for whom it was a concern, a substantial majority believed such services were available – a small minority disagreed. The convenience of the location and accessibility of health and social services was a minor consideration. There were no significant differences between the sexes and the ability groups in their assessments of the health services available in the community.

Offer of services (Availability)

The Offer of Services (Availability) theme was structured around the sub-themes of availability of caring and responsive professionals; the availability of home health and support services; and, the availability of a diversity of health services and facilities. The following conclusions were reached in the reporting of the results from each of these sub-themes.

Availability of caring and responsive professionals. On the Availability of Caring and Responsive Professionals sub-theme, the availability of physicians was of central concern to the seniors but only 20 per cent of the seniors believed there were difficulties. The availability of public health nurses was not of central concern to the seniors: the majority believed such nurses were available. It would appear seniors were of two minds on the availability of specialists: a significant minority felt specialist services were not available while another minority expressed no opinion. The seniors were of a mixed mind on their assessment of the respect and helpfulness shown by all professional staff: a majority of seniors provided a positive assessment, a quarter provided a negative assessment, and another quarter expressed no opinion. Significantly lower percentages of females than males believed public health nurses were available, specialists conducted assessments on a regular basis and arranged follow-up with primary care physicians; and, staff was respectful. The differences between the responses of the limited-ability and able-bodied respondents on the availability of caring and responsive professional were not significant.

Availability of home, health and support services. On the Availability of Home, Health and Support Services sub-theme, there was a mixed assessment on the availability of timely home support services: almost equal proportions of respondents did not know, agreed they were available, and disagreed on their availability. Also, it would appear, of those seniors seeking delivery and escorted shopping services, a significant majority found the services available and a minority did not share this experience. Also, it would appear the availability of health assessments at home was not an issue among this group of older adults. On the availability of home health and support services items, the responses of the two sexes were similar. There was agreement between the sexes on the availability of timely home support services; delivery services and escorted shopping services; and, health assessments conducted at home. The differences between the responses of the limited-ability and able-bodied respondents on the availability of home health and support services were not significant.

Availability of a diversity of health services and facilities. On the Availability of a Diversity of Health Services and Facilities, the responses of the respondents indicated of those seniors seeking specialty services, a significant majority found them available and a small minority did not share this experience. There was a mixed assessment on the availability of an adequate range of health and community support services, with significant minorities agreeing and disagreeing on the adequacy. The issue of medical equipment availability was not of central concern to the majority of this sample of seniors. While a majority of males believed they had accesses to specialist services and an adequate range of health and community support services, only a minority of females shared this assessment. There was agreement between the sexes on the availability of health assessments at home, and the availability of medical equipment. There were no significant differences between the responses of the limited-ability able-bodied respondents on their assessment of the availability of a diversity of health services and facilities. In general, the respondents' assessments of the availability of health and support services were not related to whether or not they were able-bodied.

Voluntary Support

From the analysis of the results on the Voluntary Support theme of the Community and Health Services Dimension, it was concluded the majority of respondents were not familiar with the caregiver support programmes and educational services available in Saskatoon. Only a minority agreed that caregiver respite services and educational programmes on elder care were available. There were no significant differences between the responses of males and females on the items assessing the availability of volunteer support services. There was no significant difference between the responses of the able-bodied and limited-ability respondents on the availability of caregiver respite support. However, a significantly lower percentage of the limited-ability than able-bodied respondents believed educational programmes on elder care were available. In both cases it was a minority of the respondents holding this opinion.

Emergency Planning and Care

It would be reasonable to assume the majority of seniors were not familiar with the existence of a community emergency plan or of the terms of such a plan. There were no significant differences between the responses of members of both sexes but a higher percentage of females were not sure about the existence and nature of community emergency planning. Among the able-bodied and limited-ability respondents, the largest percentage of both groups were not sure about the community emergency planning and small but near equal minorities of respondents agreed and disagreed with the statement, respectively. It would appear community emergency planning has low visibility in Saskatoon.

5.9.4 SUMMARY OF RESULTS: COMMUNITY AND HEALTH SERVICES

Service Accessibility

Health and community services

Over one-third of survey respondents believed services are conveniently located, accessible and provided a "one-stop" service. Focus group participants commended the Community Clinic for its accessibility and provision of a number of health services under one roof. A recurring theme

in focus groups was the inaccessibility of hospitals from bus stops and parking lots for seniors with compromised mobility.

Suggestions:

- Seniors and persons with disabilities have input into the evaluation of distances between hospital parking lots and bus stops to hospital entrances and from there to admissions and outpatient clinics.
- Safety of flooring in these buildings was also identified as an issue
- transportation services be developed for seniors to health and community service appointments

Residential care facilities

About 40 per cent of survey respondents believed residential care facilities and seniors' housing are located close to services and community. Though location of these facilities was not an issue for focus groups, availability of seniors' housing and special care homes, eligibility, affordability, adequacy of regulations in the personal care home sector, lack of regulations in the supportive housing sector, quality of care and staffing issues were issues focus group participants described as causing concern. The inability of couples to live together when one requires considerable care and the social and financial costs which result from present policies and programs generated much discussion.

Suggestions:

- Prioritizing the development of affordable seniors' housing with supports that can be added as residents' needs change, developing resources to enable couples to stay together when one develops heavy care needs
- Evaluating policies and programs that cause high social and financial costs for frail seniors providing financial assistance to persons based on needs and allowing client choice rather than providing subsidies to facilities
- Coining a term other than "involuntary separation" which causes pain and confusion about marital status
- Improving personal care homes regulations to include increased staff training and more frequent monitoring
- Establishing regulations for retirement homes, assisted living and enriched housing
- Setting up an ombudsman for persons in care.

Service facilities are safely constructed and fully accessible

This item was not asked in the survey and mentioned in focus groups only in comments about the need for upgrading 30 year old facilities.

Clear and accessible information about health and social services for older people

This item was not asked in the survey. Focus group participants stated seniors have difficulty accessing information about their health conditions and the services they need. "The services are

there,” one said, “the trick is to find them.” Information about homemaking through the public Home Care program and eligibility requirements was noted as problematic.

Suggestions:

- That information on health and services be provided in plain language with large font in print and online
- The Directory of Services and Social Activities for Older Adults should be made available in medical offices, clinics and other health settings

Delivery of services is coordinated and administratively simple

Survey respondents did not respond or were unsure about the coordination and administrative simplicity of health and community programs. Focus group participants commented on inefficiencies such as transferring patients from one hospital to another for tests and said some practices appeared to be for the convenience of health care personnel, not the benefit of patients.

All staff treat older people with respect and sensitivity

Half of survey respondents believe all staff are respectful, helpful and trained to serve older people.

Focus group participants described experiences in which they were treated respectfully and others in which they felt disrespected as older persons. Several described situations in which they believed their human rights were violated.

Suggestions:

- Age- friendly training and education on human rights and cultural sensitivity be provided to health and community service staff.

Economic barriers

Most survey respondents believed affordable health, personal care and housekeeping services and palliative care services are available in Saskatoon. Focus group participants described economic barriers to health and community support services and said some seniors in Saskatoon live at risk because of their inability to pay the costs of care. Aging family members who are retired themselves assist relatives in their 90's and 100's pay the costs of care sometimes over many years.

Suggestions:

- developing programs that offer financial assistance to individuals based on their care needs instead of subsidies attached to facilities
- Further suggestions included encouraging governments to make the changes required in government and financial institutions' policies to allow for increased life expectancies into the 100s
- finding ways to make care, ambulance, dental care and aids more affordable for seniors on low incomes

Adequate access to designated burial sites

This topic was not asked on surveys or discussed in focus groups.

Offer of services (Availability)

Adequate range of health and community support services for promoting, maintaining and restoring health

Most survey respondents believed physicians, public health nurses, palliative care, specialty services and affordable health and home supports that include personal care, housekeeping, meal programs, delivery services and escorted shopping are available in Saskatoon. Most did not respond or were not sure about the availability of medical equipment, breaks for caregivers, educational programs and health assessments during home visits. Focus group participants described the availability of a wide range of health and community support services ranging from hospital services to special care facilities offering respite beds and day programs as well as long term care to Home Care to medical equipment on loan to health educational and support programs. They pointed to important gaps in the range of services, notably a lack of geriatric inpatient beds, serious shortages of geriatricians and geriatric services, mental health and addictions services for seniors, palliative care beds and inadequate caregiver supports. They said seniors moving into Saskatoon experience difficulty finding family doctors. They told of difficulty finding delivery programs for groceries and meals for seniors who do not qualify for Meals on Wheels.

Suggestions:

- That priority be given to measures that support seniors with disabilities live in the community. These measures would include increased attention to the needs of family caregivers and to the social and financial burdens on couples forced to live separately because of care needs, increased Home Care services available on a long term basis, more day program spaces and respite beds, affordable supportive housing that provides personal care as well as housekeeping services, increased access to geriatric, mental health and addictions services and the development of grocery and meal delivery programs for seniors regardless of health.

Home Care Services

Half of survey respondents believed affordable health, personal care and housekeeping services are available in Saskatoon and over a third believed they are available in a timely manner. Focus group participants generally spoke positively about Home Care, its accessibility and affordability, the services it provides and its staff. Questions were raised about the availability and eligibility for homemaking through the provincial Home Care program. Further questions were raised about Home Care scheduling practices which some participants said cause stress.

Suggestions:

- Less “lip service” to keeping people in their own homes and more funding to Home Care and other community support to accomplish this goal.

Services offered address the needs and concerns of older people

Survey respondents were not asked whether services offered address the needs and concerns of older people except in the question about community emergency planning. Over half did not respond or said they were not sure. Focus group participants stated efficiency measures are being introduced in health care some of which overlook the needs and concerns of older people. They

said some measures add to family and economic burden in particular the ‘one problem, one appointment’, 10 minutes appointment policies and procedures required for prescription renewal.

Suggestions:

- The elimination of efficiency measures that have negative impact on seniors.

Service professionals have appropriate skills and training to communicate with and effectively serve older people

Half of survey respondents affirmed staff are respectful, helpful and trained to serve older people. Focus group participants had some reservations and suggested:

Suggestions:

- Additional training in geriatrics, chronic diseases, the musculoskeletal system, palliative care, living with disabilities, ageism, sexual orientation and interviewing skills.

Voluntary support

Survey respondents were not asked about voluntary services and the topic generated little discussion in focus groups except by a few participants who told of their experiences and noted declining numbers of volunteers.

Suggestions:

- More publicity about existing volunteer programs and encouraging church and community groups to develop volunteer programs.

Emergency planning and care

Over half of survey respondents did not respond or were not sure whether community emergency planning takes into account the vulnerabilities and capacities of seniors. Focus group participants were satisfied with the response to H1N1 but did not know much about emergency planning and whether the needs and capacities of older people were taken into account.

5.10 INTERVIEW RESULTS

It became apparent, during the focus group and survey stages of the data collection, there was a need to obtain the assessments of major organizational participants and selected sub-groups of the population not represented in the sampling. As a result, representatives from the following organizations and other individuals were interviewed in order to obtain their observations, current activities, and identified issues associated with the age-friendliness of Saskatoon and area:

- The Saskatoon Health Region;
- City of Saskatoon;
- University of Saskatchewan;
- Affinity Credit Union;
- Saskatoon Seniors Fitness Association;
- Saskatoon Housing Authority;
- First Nations elder;
- Saskatoon Police Services;
- Saskatoon Fire and Protective Services;
- City Transit;
- Gay Couple;
- Immigrant;
- Blind individual;
- United Way; and,
- Saskatoon Public Library.

Since the interview transcripts were not submitted to the participating respondents for verification, the following results can be considered only a compilation of interview data and not an official statement of the participating organizations and individuals.

5.10.1 General: Age-Friendliness of Saskatoon

Observations:

- The Age-friendly Saskatoon Initiative builds on work undertaken previously by the “Blue Sky Group” of the **Saskatoon Health Region**;
- “Signs of success” noted within the **City’s Vision** document relevant to an age-friendly Saskatoon included:
 - There were growing opportunities for seniors to live, work and enjoy leisure activities in their communities, and they had easy access to services and amenities across the city; and,
 - All neighbourhoods had places indoors and outdoors for gathering and socializing.
- Great-Smaller city, easy to get around. Safer-Nice City
- **Saskatoon Housing Authority**
 - NB to be reminded that there is not one homogenous group of seniors but rather a large group of older adults with varying needs (e.g.: the newly retired vs. the very frail elderly)

- Because this demographic group is so large, there is a need for programs and services to be adequately funded in order to reach everyone where needed
- Male First Nations Elder
 - Would recommend Saskatoon for anybody. It is one of the most pleasant places to be for an old guy from a First Nations community. It has improved significantly and a lot of people went to a lot of effort to make it so. This includes the City Fathers. The police are quite good but still work to be done. They have improved 100 fold but young guys (police officers) create problems. They need to set an example for them and the young kids. Justice system is greatly improved.
 - Saskatoon is good place to be. People want to be here. Beautiful city for raising kids – education, recreation, sport, schools, medical services, etc. Has a climate of working together – very multicultural. It is a friendly city that has made great efforts to make it a community – efforts from both sides – Aboriginal and white. Employment opportunities and engagement have improved significantly
 - When I moved to Saskatoon it was difficult. There were no Aboriginal programmes in 1980. It has been 25 years in the making. . . . Last 20 to 25 years, there has been a change in attitude by city residents and city fathers. Still a lot of problems. The family support structure is there now. Lots of families doing quite well. You need a critical mass of success to create climate of success. Now the foundation is set in Saskatoon.
 - Saskatoon . . . provides good programs; has good transit; walk lights in some areas include both sound and light but some are too quick for seniors; accommodation for rural people to access medical services; some hotels have cheaper rates for people requiring health care. However, First Nations seniors do not have access to same services and opportunities – there is a divide.
- South-East Asian Immigrants (Saskatoon Support for Seniors)
 - The coordinator for Saskatoon Support for Seniors, a busy family physician, explained he and others who moved to Saskatoon from India set up the organization because of concerns about the lack of supports for elderly persons who emigrated from India to Saskatoon. His parents’ experience in Saskatoon was very sad for him and a motivating factor in organizing the group. They moved to Saskatoon in the mid 80’s because he and his family lived here as is their tradition. After a couple of years they told him, “This place is not for us,” and returned to India. Though many aging persons of Indian origin leave Saskatoon to move where their adult children live, some remain here. It has been important to the coordinator that seniors from India feel at home here and he has tried to set up some supports for them.
 - The group, all from India and well educated, are from all religions and regions of India. Younger people as well as elderly people attend monthly meetings where they have potluck suppers with Indian food, information sessions and social activities. They have surveyed the seniors and have found that only 3 of thirty need help now. As an example of the follow-up to what they learned, women in the group take turns bringing an Indian meal to an elderly widower on a weekly basis.

- The group has an agreement with Luther Care Communities to meet at Luther Senior Centre on Alexandria Ave.
- Blind Individual
 - Has lived here for a long time and it's familiar. Friendly; goes out on her own during the day but not at night, feels it is not safe at night with the park nearby and proximity to downtown.
 - ***Greatest concern:***
Being cut off from mainstream somewhere in a geriatric center with nothing to do is a big worry; Being unable to control one's future; Running out of money. Pensions have not kept up to rising costs. Worries what will happen if can't manage; alternate living options are dismal. Need places where we can look after ourselves and get affordable care.
- Public Library
 - The Saskatoon Public Library offers many services of benefit to older adults in Saskatoon. All resources and services are free. Both in-house and outreach services are designed to be accessible and appropriate to meet the diverse needs of the community. For the purpose of defining an Age Friendly Saskatoon the Library is a major player in the Communication and Information category with significant overlap with many categories.

Actions

- **The Saskatoon Health Region** has partnered with many organizations in an attempt to advance health promotion and illness prevention activities'
- The City of Saskatoon is actively engaged in the **Age-Friendly Saskatoon Initiative** and will continue to work to ensure programs, services, facilities, and infrastructure are truly accessible for all residents of Saskatoon. Creating an "Age Friendly Saskatoon" truly means having a city that is inclusive and welcoming to all;
- Through the **Saskatoon Speaks** initiative, the **City of Saskatoon** has formalized a new vision for Saskatoon as we continue to grow to a population of 500,000. Within our **Vision** we note that it is projected that by 2026, almost a quarter of Saskatoon's population will be 65 or older, which will put pressures on the City's services, transportation systems and affordable housing stock. Within our Vision, we acknowledge that the opportunity is to create an "age-friendly" city.
- In order to provide the community perspectives on potential strategies for achieving the vision for an integrated and inclusive city, the Vision document included the following objectives:
 - To develop a seniors' strategy that addresses the needs of those over the age of 65 for housing, transit, recreation and services, as well as work and volunteer opportunities; and,
 - To ensure everyone has easy access to the information, support and services provided by the City and other organizations to enable them to fully participate in all aspects of civic life.
- **Affinity Credit Union** is a funding partner to the initiative.
- Affinity has an Age Friendly policy – child, youth, adult and seniors
- Police have an officer on a SCOA committee. (An) officer responsible for seniors is in the fraud department.

- **Fire and Protective Services.** Have a focus on seniors specifically in Fire and Life Safety Education. For seniors living alone, kitchen cooking utensil safety. Fire-alarm awareness in multi-unit housing. Partner with seniors in condo developments for building safety and awareness.
- **United Way**
 - An exercise in 2008 in which community conversations were held identified four priorities:
 1. Addressing root causes of poverty and alleviating its impact.
 2. Supporting access to literacy and skills training and creating opportunities for people to learn from one another.
 3. Creating a community where everyone can fully participate regardless of ability, disability, age, race, or where they live.
 4. Creating a community where families feel safe.
 (Note: Webpage accessed for full statement of priorities.)
 - Scope of influence and contribution
 - The UW looks at the community as a whole across demographics; community impact is convened around a specific need.
 - Works toward an inclusive community –all sectors, ages, disabilities, etc.
 - Promotes community building – engaged with agencies, deals with multi-factorial issues.
 - Engaged in “capacity building”; has the capacity to help organizations develop strength, identifying common concerns across agencies.
 - Promotes a positive outlook—engaged people contribute in meaningful ways.
 - Partners with the City of Saskatoon and the Urban Aboriginal Strategy.
 - Promote cooperative philanthropy; all have a role to play.
 - Future directions to promote positive aging:
 - There is an important role for the UW to engage and develop capacity with the Aboriginal cultural perspective, as well as relationships with older adults/elders, where there is huge divide. Have hired a director of Aboriginal relationships.

Issues

- From the City of Saskatoon’s perspective the most commonly raised issue at City Council is about affordable housing and those seniors of limited financial means being able to stay in their homes;
- The second most common issue raised (with City) is about accessibility both from a cost as a barrier perspective as well as from a perspective of accessibility from people with disabilities;
- Saskatoon Housing Authority
 - Sustainable. Predictable and adequate funding is critical to planning, implementing and maintaining programs and services. It is very difficult to bring in a service that is welcomed and needed by a group, only to have this funding disappear and the service along with it.
 - It would be helpful if there was a holistic approach to dealing with issues related to older adults in order to reduce gaps and barriers
 - Who has the “big picture”.

- Male First Nations Elder
 - We need more entrepreneurs – gas stations, hotels, grocery stores – to increase our economic involvement in the City.
- Discussed the possibility of a Task Force on Seniors – multi-agency, similar to Task Force on Youth, Gangs, etc.
- Need to develop strategies similar to what exists in small towns where people help each other when needed. Someone in town is usually available to fix things or drive someone somewhere.
- South-East Asian Immigrants. The coordinator said he realized that immigration from India to Canada is changing, with more people and less educated people coming, and the needs for supports of different kinds will grow.
- **United Way**
 - Promoting positive aging
 - Inclusion of the diversity of perspective and assets and opportunities that an aging population brings, must affect policy. (SCOA is seen as a rare proactive agency that functions at the policy influencing level.)
 - Troubling pockets of poverty in older adults. Older adults come with great assets, also needs. Use of assets (participation in agencies as volunteers, sit on boards, share enormous expertise) encourages engagement and positive aging.

5.10.2 Outdoor Spaces and Buildings

Observations

- Green space plans are good. Easy (to get around), live on river easy access to downtown. (Getting into buildings and public places) No issues- (I am) Strong and healthy
- First Nations Elder. Youth, white and Aboriginal, robbing the elderly. Old people afraid to go out. I was walking on Victoria Bridge and a group of three youth followed me – I pretended I had a weapon and they left. Youth-senior relationships need to be developed. Need to educate youth so that they do not migrate to gangs. Our job is to have kids finish school and keep out of gangs. idea of intergeneration communications is important
- Safety. Neighbourhoods with seniors afraid of some new people moving in. There is a perception that they are not safe but, generally, the perception does not match reality. Varies from neighbourhood to neighbourhood. Pedestrian safety issues are also common.
- Gay and Lesbian individuals
 - **Outdoor spaces**
 - It is pleasant to walk in the neighbourhood, City Park, because people are very friendly. This was contrasted with walking in the Riversdale area of the city.
 - However sidewalks in the neighbourhood are uneven and some curbs very steep and therefore difficult for people with poor balance or who use walkers or wheelchairs.
 - **Buildings**
 - Improvements are being made – more buildings have automatic doors and more restaurants have elevators and make room for wheelchairs. However many buildings without automatic doors are very difficult to open and floors in some malls and other public places are slippery and dangerous.

The couple's church is looking at moving because their building is old and cannot be updated to accommodate wheelchairs, bathroom on a main floor, etc. – a recognition of the need to accommodate.

- Blind Individual
 - The white cane helps to make others aware and they often help. Walks out to mailbox; walks to Duchess and to the hospital to get stamps.
 - Needs a guide in some instances.
 - Lack of walking programs.
 - Winter condition of sidewalks makes walking impossible.
 - Going into buildings and public offices – is mostly okay, some hold doors, loves automatic doors.
 - Downtown is no longer age-friendly so she doesn't walk to bank anymore; too many standing around, panhandlers, tries to avoid street incidents.
 - Driveways throw blind people off; think you are at the end of a street. When sidewalk is sloped to access wheelchairs, easy to walk off the street, don't feel the edge.
 - Audible crossing sounds work well. In the last two years 25th street has become bad for traffic, seniors have a hard time crossing the street.
 - Painting the edges of steps, sidewalks with two inches of yellow is helpful for visually impaired.

Actions

City of Saskatoon

- In part, recognizing that a proportionately higher number of seniors have some form of a disability, the **City of Saskatoon** has adopted the **Accessibility Action Plan for Persons with a Disability**. Within this Action Plan the top areas of concern or gaps include addressing accessibility of our infrastructure (through snow removal, curb ramps, accessible building designs, communication materials for visual impairments and/ or hearing disabilities, audible pedestrian signals, sidewalk repairs and maintenance, etc.). The limiting factor right now to getting it all done is funding. So initiatives are undertaken as funding is available.
- The City of Saskatoon is committed to ensuring their facilities, programs, services and infrastructure are accessible from a physical accessibility perspective and a cost as a barrier perspective.
- City of Saskatoon in 2010 added \$1,000,000 to the snow and ice program to help improve the snow removal services during and after a snow storm and to facilitate better accessibility around the city in the winter months.
- City of Saskatoon developed a new brochure – delivered to every household this winter to remind all residents of Saskatoon about the Snow Removal Bylaw and the importance of keeping your sidewalks clear of snow and ice.
- **Snow Angel Program and Awareness Campaign** – in the new brochure we promote our snow angel program as follows: If your neighbour is elderly or has health or mobility restrictions, be a snow angel and clear their sidewalk after a snowfall. If you receive help from a neighbour, nominate them as a "Snow Angel". Send your story, along with the name and address of your Snow Angel, to snow.angel@saskatoon.ca . We'll send your Snow Angel a thank-you and enter them in a prize draw.

- All pathways in City owned parks are either asphalt or crusher dust to ensure they are accessible for people of all abilities.
- Our Civic Centres are currently undergoing a full Barrier free assessment to ensure our public facilities are full accessible for all.
- 4,000 outstanding curb ramps to be installed throughout the City at an estimated cost of \$10,167,500 or \$2,500 per ramp. A process to prioritize the locations has been created based on such criteria as: resident requests, proximity to senior housing, schools, commercial development, parks and arterial roads
- The City has developed a 10-Year Plan to address Priority 1 and 2 locations, which includes approximately 1,140 curb ramps & requires an estimated budget of \$2,842,500 over 10 years.
- Since the Accessibility Action plan began in 2009 and including 2011, funding for 74 curb ramps has been approved.
- In all new neighbourhood designs and when sidewalks are replaced, curb ramps are automatically built in.
- Currently, there are 240 signalized intersections in the city. Of these, 67 have been equipped with audible pedestrian signal devices.
- Since the Accessibility Action plan began in 2009 and including 2011, \$130,000 in funding has been approved for new APS to be installed. And since the APS retrofit program began, the City has met or exceed its commitment and goal of retrofitting at least five intersections per year with APS devices.
- The City recently undertook an investigation of new APS technology with the intent to select the most suitable product and technologies that would be best suited for use in Saskatoon.
- The new model has been selected in consultation with key stakeholders and the first demonstration APS will be installed this summer.
- At all new intersections with high pedestrian traffic, and at signals where major rehabilitation road projects are taking place, the installation of APS devices, has been made an official City of Saskatoon practice.
- City Council has approved a Facility Accessible Design Standards (FADS) document which provides an enhanced level of accessibility for City facilities.
- FADS (meets or exceeds NBC) is being updated to reflect new National Building Code Standards and will be posted on City webpage.
- The City is conducting barrier free assessments of all Civic Centres including City Hall
- Small maintenance items will be address immediately, other items will be addressed as budget funding is available.
- All new City Building will be designed to meet the new FADS and provide an enhanced level of accessibility.
- **Police.** Police are aware and are beefing up some services to give seniors more sense of security. . . . Increased police presence also makes people feel safe but there are only so many resources to go around. Plan to increase officer training about services that may be available to seniors so they can convey that information to seniors. Areas of concern are around 20th Street, Broadway and downtown.

University of Saskatchewan

- Walks on Campus: Jane's Walk, Self-guided walking tours; and Safewalk Program.

Affinity Credit Union

- Affinity demonstrates concern for their members and staff by focusing on safety at their locations; well lit on main traffic arteries, wide areas accessible by wheelchairs, motion doors for ease of access.
- As Affinity redesign existing buildings or new facilities they include social spaces for people to rest, mix socially, and to visit.
- Affinity has one branch located in a care home;

Saskatoon Housing Authority

- Snow removal on sidewalks etc on properties is NB and well done
- Try to include things such as flowers and vegetable gardens in landscaping. Tenants often participate
- Tenants like to have a place to sit and watch the community around them. It is part of their social interaction
- Try to maintain a safe environment by using things such as key fobs, security cameras

Fire and Protective Services

- Through Property Maintenance and Nuisance Abatement Bylaw, they address issues of living-space integrity (house shelters from elements and provides heating and sanitary cooking, smoke/CO alarms).

Saskatoon Public Libraries

- The Library is very aware of the value of accessible buildings and the accessibility of books within the building. Effort is made to keep appropriate books (large print etc.) at a easy to reach level. Staff will assist persons wishing to browse if access is an issue.

Issues

Included above and:

Saskatoon Public Library

- One library in the system does not have an elevator thus creating less than full access but all others have full access. In addition not all bathrooms are wheelchair appropriate.

5.10.3 Transportation

Observations

- Buses were good and bus stops near home and work. Okay to drive in community-some issues with road maintenance, street cleaning is good because it's on bus line, live in a town house on Saquenay in River Hts.
- Saskatoon Housing Authority
 - When most of the seniors housing was built in the 70's and 80's, they were close to services, bus routes, shopping, etc. Over the years, neighbourhoods have changed, amenities have relocated, bus routes have changed to meet the needs of newer neighbourhoods, etc.
 - In SHA seniors housing approximately 95% of tenants are women, most of them single. Many rely on public transportation in order to get to the programs and services they require.
- First Nations Elder
 - Treated well on bus rides. Services and opportunities for seniors are the "test".
 - Busing, special rates, STC's \$10 to Yorkton allows me to retain contact with home community and family

- Seniors do not present an undue safety driving concern – young drivers more of a concern.
- Gay Couple
 - Many positives: The bus system is good and the cost of a bus pass very reasonable. The Transit System allows persons with medical assist dog to take dog on the bus. The lowered platform makes the bus more accessible to those with impaired mobility.
 - There is much more traffic in Saskatoon than there used to be. This couple plans their outings to avoid peak traffic times and busiest routes.
 - The cost of parking downtown and the maximum length of time allowed are issues for the couple when they attend Persephone matinees. They have to go out at intermission to plug meters.
- South-East Asia Immigrant
 - Transportation is a big issue. Not all seniors have their own transportation and friends drive them. The coordinator said the group needs an organized means of transportation but has not been able to set one up. They have not utilized volunteers.
- Blind Individual
 - Uses the city buses and Access; some drivers helpful others not. If one stands and look lost someone will help.
 - Lion’s Club drives to events.

Actions

City of Saskatoon

Public Transit (see the City Website www.saskatoon.ca under “T” for Transit)

- The Saskatoon Transit Branch offers low cost public transit as well as Access Transit buses for persons with a disability.
- The City of Saskatoon in partnership with the Provincial Government provides low cost bus passes for people on social assistance, and the City of Saskatoon recently introduced a reduced fair bus pass people who are not on social assistance but are within the low income cut-offs levels established by the Provincial Government.
- There are 26 Access Transit buses in the fleet
- To supplement the Access Transit buses, the City also on occasion provides taxi trips, the majority of the taxi trips are to assist during winter months when other transportation options, like conventional low-floor transit buses, are very difficult or impossible for some of our customers to use due to snow and ice covered roads and sidewalks
- 75% of all regular Transit runs have low-floor bus service to improve access for all customers, including those with canes, crutches, walkers, young children, or burdensome packages. Low floor service allows many more people with reduced mobility the freedom and independence of using public transit services.
- Low-Floor buses are able to provide service for up to two passengers at a time who use mobility devices such as a wheelchair or scooter.
- We've dedicated these buses to 60 runs along the routes in the city where potential demand for accessibility features are the greatest.
- A total of 90 buses, in a variety of models, are equipped with low-floor access and as others buses in the fleet are replaced all new buses will be low-floor.

- In 2011 Transit will be implementing automated voice announcements for upcoming bus stops on all DART routes and manual voice announcement on some of the other bus routes. This is to ensure people with limited or no vision is able to know when their stop is coming up.

Parking and Parking Permits

- For parking, a person can apply for \$20 to receive a disabled parking permit that allows them to park for free at any City of Saskatoon meter for free. They will need to provide the blue placard they obtain from Sask Abilities Council, vehicle registration and driver's license. They applicant must reside within a 40km radius of the city in order to qualify.
- The Veteran Parking Program – allows free parking at all City of Saskatoon parking meters. It requires completion of an application form, and is eligible only to individuals who have served overseas in WWI, WWII, Korea during the Korean War as a member of the Canadian Forces; as a member of an allied force; or in the Merchant Navy, Ferry Command or United Nations Peacekeepers.
- Designated Accessible parking stalls are available at all Civic Centres, in the downtown business district and at most businesses around the city.
- All of Affinity Credit Union's branches are required to be on public transit routes – for safety and accessibility. They also provide drive-through services at a number of facilities;
- There are alerts in place with SGI and medical doctors to advise whether or not a senior (driver) should be tested. There is no initiative for blanket testing. Age is not the issue as much as the health of an individual.
- **Fire and Protective Services.** Fire Chief is a member of a cross-functional team to improve transit ridership in 2011.

Saskatoon Transit

The Transit System recognizes the diversity among seniors, for example, that some have mobility issues, and others do not. Their policy is to treat everyone the same.

1. Most City buses now have the capacity to “kneel,” to lower the floor to provide access to people with mobility problems.
2. Some City buses are low floor (have no steps at the front) and all new ones purchased will be low floor. Low floor buses can accommodate 2 wheelchairs, strollers or carts or any combination. Seats at the front of the bus fold up to provide space.
3. The Dept. is developing a stroller policy to look at the needs of people with strollers, wheelchairs, carts to use the bus and for spaces for such equipment on various routes. Though referred to as a stroller policy the policy will also address the needs of people who use wheelchairs and other aids and who take carts for shopping.
4. Space to accommodate strollers, wheelchairs, carts including grocery carts is limited on any one bus.
5. Transit receives complaints drivers don't assist passengers lifting parcels, wheelchairs, etc. Transit has to take into consideration the health of their drivers and the safety implications for drivers of tasks such as lifting.
6. The inadequate snow clearing at bus stops is an issue for the Transit Dept. as well as for older adults.

The suggestion of a focus group participant that Transit take over snow clearance at bus stops was passed on to the Transit Department as was the observation by another participant, “if fire hydrants can be kept free of snow bus stops can too.”

7. The Transit Department was not unsympathetic to complaints of distances people with mobility issues have to walk to and from bus stops. But there are limitations to what they can do about some of these complaints. For example at RUH there is not adequate turning space for buses to enter the driveway to RUH. An additional factor is the time the detour would add to routes especially at rush hours.

Transit’s policy is that no one should have to walk farther than 450 meters to a bus stop. Distances from bus stops to the 3 hospitals are well within that distance.

8. Transit has plans to start an automated voice enunciation system on buses to announce the next bus stop within the year.

There is recognition other efforts are needed for people whose hearing is impaired.

9. City buses are chartered by the Co-op to take seniors from seniors’ high rises to the Co-op. Luther Tower also charters a City bus to take residents to a few locations.

The City would enter into agreement with other organizations interested in providing similar service to seniors.

10. Transit has initiated a few programs for people with lower incomes. It is not age-specific but seniors who qualify would be included.
11. The Access buses are also a part of the City’s operations but under a different manager than other city buses.
12. The Department and SCOA will partner in offering a new Bus Buddy program in which volunteers would teach seniors how to use the Transit system.

Saskatoon Public Library

- Public transportation is available to the various Library locations. The Saskatoon Transit and the Libraries work together to make these two city services complimentary to each other.
- As community Libraries are located throughout the city and comprehensive Outreach services exist lack of adequate transportation should not be a deterrent to utilization of Library services.

Issues

- **The Saskatoon Health Region** is a large and complex system and most often clients must get to the service they require. For example, clients requiring dialysis three times per week have difficulty accessing this service not because of trouble getting appointments, but rather because of the many challenges people face in getting to the appointment ... especially ...if the client relies on public transportation.
- Some have the expectation that the SHR should pay for client transportation in certain circumstances;
- Can be difficult to connect services with transportation;
- Saskatoon Housing Authority.
 - Access Transit can be beneficial for some, but their policies can make using this service difficult and restrictive and thus limits the older adults freedom.
 - Parking at SHA properties is becoming an increasing problem. More seniors have cars and are driving longer thus there is too little parking.

- Can be difficult at times to connect tenants to services because of challenges with transportation
- South-East Asian Immigrants Transportation is a big issue. Not all seniors have their own transportation and friends drive them. The coordinator said the group needs an organized means of transportation but has not been able to set one up. They have not utilized volunteers.

5.10.4 Housing

Observations

- (I live in a) 2 ½ story (with) -lots of (room for) exercise. (When time for change, I can move into) Luther (4 levels of care) Bethany (4 levels of care)
- Release of survey results by David Forbes highlighting concerns in Saskatoon about the rising rental costs and what the future will hold for renters;
- First Nations Elder
 - Housing is an issue. Cannot get proper housing thus difficult to see the “better life.”
 - Other than for First Nations seniors, don’t think this is a major issue.
- Gays and Lesbians
 - **Present housing**
 Couple lives in small main floor apartment in row housing that offers both 1st and 2nd floor apartments in City Park. Their apartment meets their needs at present. They see their rent as reasonable, attribute that to the elderly owner and realize rates will increase should he sell.
 They had lived in Abbeyfield, a co-op housing facility for seniors, enjoyed it and found themselves accepted as a lesbian couple. They were open about it and found it was not talked about. They left to live elsewhere but returned to Saskatoon for family reasons.
 - **When needs change**
 This is a real issue for this couple because one has dementia. It is not an immediate problem because she is doing unexpectedly well at this time. Cost of care is a “huge” concern because their income is limited.
 - **SHR facilities:** They are familiar with health care because both worked in health care. They have been accepted as spouses by medical and health care staff when one has been ill. They believe they would receive the same respect within SHR long term care facilities. They believe they have fewer challenges as a lesbian couple than gay couples experience. They believe there is still room for improvement. For example, a same sex partner was told to leave when his partner was being examined .
 - **Non- SHR facilities:** They have grave concerns about how they would be treated if one or both live in facilities that are not run by SHR. They described the lack of tolerance by residents in one assisted living complex for a straight married couple who had different last names and worry about the consternation a same sex couple would cause.
- Blind Individual
 Lives in a condo building converted 14 years ago.
 - With condo fees and property taxes going up, hard to keep up.

- No grocery store nearby is very inconvenient; some seniors go into care because can't get groceries!
- If her needs change she would not be able to afford assisted living place because in 2-3 years her money would be gone. Besides, some desirable facilities like Luther Tower, have long waiting lists.

Actions

City of Saskatoon

Housing Business Plan (www.saskatoon.ca under “H” for Housing)

- City of Saskatoon has a Housing Business Plan and The City of Saskatoon plays an important role in encouraging and facilitating the creation of housing in Saskatoon. While the City does not build housing, it administers a number of programs designed to assist housing providers to increase the supply of affordable and entry-level housing.
- The City of Saskatoon will actively and creatively work with housing providers, community organizations, business, and all orders of government and other stakeholders to support the market through incentives, good planning, and collaboration in creative initiatives to increase the supply of affordable housing. The City will focus on creating a permanent supply of affordable housing and related supports for people who are at risk of homelessness, have special needs, are transitioning toward independence, or are simply low to moderate income earners.
- Life Lease and Rental Unit Housing development are focus areas for Affinity. At present they have a significantly sized group of older adults working with their staff on developing a co-operative housing project (initial stages). Likely a mixed ownership and rental project but not yet known for sure. Also looking to the Abbeyfield Housing Model. Older persons desire to have long-term care services on site.
- Affinity also has equity housing programs that permit older adults to take their equity out of the property to use capital for living. Looking to developing a different model similar to Reverse Annuity Mortgage but with Affinity flavour to it.
- Most services available for tenants in SHA housing relate primarily to health and wellness such as exercise groups and social activities. There are educational sessions from time to time.
- Currently SHA housing for seniors is well maintained, clean and adequate for their needs. Caretakers work hard at providing a good environment
- There are some units that are wheelchair accessible in each building, but not in every unit. All have grab bars, some have walk-in showers.

Fire and Protective Services

- (Administer) Property Maintenance and Nuisance Abatement Bylaws addressing property conditions - interior and exterior
- Safe Neighbourhood Program – joint project with police services, social services, Department of Justice to address problem areas in neighborhoods;
- Involved in Crime Free Multi Housing Program of City of Saskatoon;
- Involved in Home First Inspection Program with Provincial Government for people on social assistance who are residents of low-income rental properties;
- On Advisory Board of Salvation Army to connect to their programmes;
- Inspection programme for private care homes.

Saskatoon Public Library

- An online Housing Directory is maintained by the Library

Issues

- Because of lack of appropriate affordable housing, health promotion, illness prevention, promotion of independence can be a nightmare;
- System gets backed up because people in hospital don't have the right kind of accommodation to go to, especially if they can no longer manage the previous housing situation;
- Accommodations, such as assisted-living facilities that are frequently the type of housing needed, is only available for those who can afford it. Low income seniors are frequently excluded from this option;
- The relationship between health status and housing... the worse your health status, the less access you have to services that encourage independent living which causes the individual to become dependent;
- The City recognizes the need in the city for more senior's care facilities and senior's homes.
- Saskatoon Housing Authority
 - Recognition that there is not enough affordable housing options for older adults in Saskatoon
 - NB to build housing units close to other services such as public transportation, groceries, medical/dental clinics
 - There has been a gradual transition of what seniors are requiring for accommodation. Over time the average age has increased and there is increasing demand for services
 - It is a challenge to accommodate scooters since most do not fit through doorway easily
 - Modifications can be made to assist the tenant as long as it is not a structural change
 - Currently, accommodation such as assisted living facilities that are frequently the type of housing needed is only available for those who can afford it. Low income seniors are frequently excluded from this option
- First Nations Elder
 - Housing is an issue. Cannot get proper housing thus difficult to see the "better life."
 - I have heard of a lot of senior housing programmes. Expensive. Pension \$850 a month and apartment is \$1,000. Need good health and good dollars. Nursing homes too expensive if income in order of \$50,000.

5.10.5 Respect and Social Inclusion

Observations

- Frustration can build in clients because staff are not providing adequate explanations;
- Some individuals have attitudes based on stereotypes of older people . . . often thinking they need to be treated differently when in fact they don't;
- The negative attitudes toward the elderly are often directed at those who are the most frail and vulnerable;

- Community is quiet and safe-important for him. Did use facilities occasionally and mall lawn bowling. Activities in community available but not used busy with seniors fitness
- Gays and Lesbians. The couple has always been open about their relationship of 30 years and they have been accepted as a couple within their families, their work places and in most of the community. They have not had problems with banks at any time including when they set up their joint account. They have had no problem making funeral arrangements. Young people are very positive and interested. The exception has been the church where some people, though not all, have been judgmental.
- Blind Individual. Not much happening in the condo, no social committee, is mostly on her own, but has some friends here. Relies on family involvement, had a grandson living with her but found that he misplaced things.
The Whitecane social club does programming. Privacy legislation interferes with promoting services to those who may need them. Library is very user friendly, librarians most helpful. FM branch library has removed the entrance rails that are a hazard to visually impaired. Enjoys read aloud books and receives several a month from the Library who will deliver to shut-ins.

Actions

- With the recent Saskatoon Speaks initiative in the theme of **Social Well-being**, the City of Saskatoon has established a new vision for social well-being and it reads as follows:
 - Saskatoon is welcoming, affordable and barrier-free. Doors to education and employment are always open and services are available and accessible. Neighbourhoods are diverse, complete and safe, with a range of housing choices and amenities. Public spaces and events bring people together.
- In a report presented to City Council in the Fall of 2010, we asked that Council adopt the following definition of **Quality of Life**, to help bring clarity to the importance of social inclusion as it relates to a person's quality of life.
 - Quality of Life has been defined as a sense of well-being when people are physically and emotionally healthy, are economically secure, have adequate shelter, are safe and secure, have a sense of belonging and share cultural and social connections.
- Affinity focuses on being a welcoming financial institution – staff are encouraged to be friendly and take time with all members so that relationships are built – not just focusing on business transactions;
- At all credit unions, membership is open and inclusive. The demographics of credit union membership are tilted to older adults. Membership provides a democratic right to question, speak and participate in the business of the credit union at the AGM and information meetings;
- Affinity works with SCOA as a partner in a number of ways not limited to a funding partnership;
- Affinity has been an active sponsor of the Canada Remembers Air show; actively participate and sponsor the Veterans' Pavilion at Folk Fest; and lead at Veterans Tribute at Saskatoon Speedway, and others;
- Affinity engages the 1st Nation Elders on the District Councils (democratic structure) as well as delegates and board members. There is also a First Nations Loan Council.

- Try to ensure that SHA units are well maintained so that the tenant feels proud to live there. This helps to reduce the stigma that is often attached to residing in social housing
- (SHA) Staff demonstrate respect in encounters with tenants. Caretakers handle complaints with compassion and understanding
- Staff need to be able to deal with issues as they arise, get along with others, be able to resolve conflicts
- Staff have no authority to intervene in situations where tenant's capacity to live independently may be failing but will try to communicate any concerns to family or care providers such as home care.
- Fire and Protective Services. Involved in Fallen Heros' Programme – Fire Chief and General Manager of Community Services represent City of Saskatoon – honouring the war veterans.
- Fire and Protective Services. Condo Associations and Seniors' Associations meet with Fire Services on request or ad hoc basis;
- Blind Individual. The Whitecane social club does programming
- Saskatoon Public Libraries.
 - The department of Outreach Services is by its very existence evidence of commitment to inclusion. Programs are planned both in house and in community not exclusively for older adults but with a focus on accessibility.
 - Currently a mobile computer lab is in operation funded by a New Horizons grant. The program began in Jan. and is booked until Aug. to visit seniors facilities and organizations. As the computers will remain with the Library when the project funding ends the permanent staff will continue this popular program as time permits.
 - With discussion about a new main Library building seniors living downtown are expressing a wish to retain the present location and these opinions are being duly noted.

Issues

Included above.

5.10.6 Social Participation

Observations

- (Among the activities involved in are) - masters bowling association;-president of condo association;-coach blowing – 5 pin and lawn; -participates in Whist, bank shuffleboard, eight-ball, lots of walking; -board members of Fairfield seniors investment club
- First Nations Elder. Much of my social life is raising families
 - With regard to our support infrastructure. Just governance now. Social groupings are starting. For example, an elderly group meets once a week on Mondays. No social groups for men. Even special housing for elderly Aboriginals needed. Don't go to public ones because they would be alone. They stay with families and this presents problems. Need to elaborate a social infrastructure and support structures: i.e., apartment units for elderly, those with jobs, in order to create environment and services.
- Gays and Lesbians
The couple say they are able to do what they want to do. They participate actively in their church, attend the theatre, etc.

- Blind Individual
 - Difficult to go out except where she is comfortable to go alone– needs a guide, relies on family except where CNIB and Lion’s services might be available. CNIB no longer offers as much due to lack of funding.
 - Attends Church – finds people are afraid to talk to blind people (not very Christian of them!)
 - Attends Persephone. Needs a guide – usually a friend or one of her daughters comes along.

Actions

- The City of Saskatoon provides a wide variety of programs and services for all residents of Saskatoon.
- Programs are either directly provided at our City owned facilities located in all suburban centers around the City or indirectly provided through support grant funding to neighborhood-based Community Associations or other community based groups.
- Community Associations provide low cost or no cost programs for the residents of the neighborhood and usually hosted in the neighborhood school or park.
- City of Saskatoon provides public libraries in all quadrants of the City. The public libraries offer a wider variety of programs and services for people of all ages.
- The City of Saskatoon has a tax abatement program available to Senior’s Centre or Senior’s gathering places, where they own their building and provide programs and services to address social isolation of seniors. This tax abatement helps in reducing the overall cost of operating these facilities.
- The University of Saskatchewan proffers a wide variety of educational and recreational opportunities. Among these are the following:
 - Saskatoon Seniors Continued Learning (SSCL) and Centre for Continuing and Distance Education (CCDE); offers non-credit course to people over 55;
 - Conferences – recent example, the Fall Prevention Conference;
 - Tours – recent examples, the Chancellor’s Tours, Museum of Antiques Tours, Nature Education Tours, and the Observatory Tours;
 - Performances and Exhibitions – including drama, concerts and talks/seminars; and,
 - Special events.
- Affinity has
 - National Aboriginal Day at all braches each year;
 - Fraud and Senior/Elder Abuse Sessions for public, schools and other public venues;
 - Retirement Planning and Pension Money Management sessions;
 - New Immigrant and Canadian Financial Services; and,
 - Sponsored Pow Wows and member appreciation days.
- Fire and Protective Services
 - Fire and Protective Services. Condo Associations and Seniors’ Associations meet with Fire Services on request or ad hoc basis;
- Saskatoon Public Libraries
 - In house the Library offers a free, safe, welcoming public space which can be and is used as a place for human interaction.
 - Programing is designed to be educational, social.and timely.

- Public debates were arranged for civic and provincial elections.
- An income tax service for low income seniors operates annually

Issues

- Blind Individual. Privacy legislation interferes with promoting services to those who may need them.

5.10.7 Civic Participation and Employment

Observations

- No-no time (for employment) (Many opportunities to participate) Sask. Cross walks, Station 20 West,
- First Nations Elder
 - Employment of seniors coming in last 10 years. Cross-cultural programmes important. Start with temporary and casual jobs – not many permanent available. Seniors can help in schools with culture related matters. Teach treaties in the classroom – there is a need for elders. Keep these old people active and useful (little workshops here and there).
- Gays and Lesbians.

One of the couple has been on the executive of a political party, the Church vestry, the Girl Guides as senior but at 78 says she is now less interested in this type of work.
- Blind Individual

Volunteers a lot re: blindness. Teaches Braille mostly to seniors and as refreshers. She is not employed but worries about money. Interest rates are way down while costs rising steadily.

Actions

- City's Vision speaks to having people actively engaged in their communities and the governance of their city. Saskatoon's community spirit is strong and people's well-being comes first. By collaborating, we work as one community to address challenges and succeed. Everyone enjoys a sense of belonging and a good quality of life;
- The City of Saskatoon in working with the Community Associations encourages the Community Associations to actively recruit seniors to positions on their executive and/or for various other volunteer needs of their association.
- The City of Saskatoon as it relates to employment and based on legislation changes no longer has a mandatory retirement age – which has seen more seniors continuing to work longer.
- Of note our current City Council has at least half of our Councillors who are considered "Seniors" – so clearly civic political involvement is well represented by our senior sector in this community
- Affinity has no mandatory retirement or exit requirements;

Issues

Included above.

5.10.8 Communications and Information

Observations

- There are many scams out there and police do put alerts out (Police) do not have the resources to chase every scam and many are international. Seniors in independent-living buildings or similar institutions are well protected by the staff. Seniors living in their own homes are more vulnerable. Internet requests for funds . . . sometimes look legitimate and some seniors are confused as to how to handle them.
- Gays and Lesbians. The couple was very pleased that Revenue Canada approached them to inform them of their eligibility for a disability tax credit – and provided them with back pay. The CRA wrote them they qualify for the GIS. They are also pleased physicians have been frank about health issues. The one with dementia has found some experiences disrespectful and humiliating particularly when she has difficulty processing information and needs information given one step at a time rather than all at once quickly.
- Blind Individual. Bank is very friendly and helpful. Receives bank statements in Braille, cheques in Braille, and SaskTel statements in Braille. She counsels the newly blind. Many services are available but they may not know what to ask for.
Computer doesn't work for her, the telephone is her lifeline and relies on radio for information, TV for news with sound only of course.
Radio stations should offer more information about what's going on in the city.
Her kitchen is labelled in Braille.
Reader comes for one hour a week to read her mail.
Finds she is never bored.

Actions

City of Saskatoon

- City of Saskatoon has speech-enabled its website using BrowseAloud, free software for those who have difficulty reading online
- Assisted hearing devices are available during meetings of City Council
- If you wish to address City Council or one of its committees and require the assistance of a sign language interpreter, you can contact the City Clerk's office.

"Whose job is it?" Information Brochure

- This brochure gives a listing of the various civic services citizens need most, along with a contact phone number
- Brochure has been produced in Braille and translated to 14 different languages.
- Brochure is available on line, at all Civic Centres, City Hall, libraries and through some community based groups
- Brochure also includes the following phone numbers for addressing accessibility issues for City infrastructure programs, and services.

Contact List For Reporting Matters Regarding Accessibility

- Access Transit – 975-3560
- Civic facilities accessibility – 975-3300
- Curb Cuts – (for Permits – 975-2460)
- Curb Cuts -- (for Inspection and Construction – 975-2454)
- Parks and pathways in parks – 975-3300

- Audible Pedestrian Signals – 975-2896
- Sidewalks – repairs or replacement needed – 975-2476
- Snow removal on sidewalks, or up curb ramps etc. – 975-2476
- Disabled Parking 975-2870
- For assisted hearing devices or ASL interpreters for Council or committee meetings – 975-3240
- In neighbourhoods recently converted to individual garbage containers - for persons with a disability unable to move garbage bins - 975-2486
- Affinity Credit Union staff provide:
 - Free services assisting with government identification and documentary issues;
 - Estate planning and trust services assistance;
 - Various method of communication and information distribution – Interactive Voice Response, on-line banking, tele-service, and in-branch persons;
 - Distribute paper copy brochures and pamphlets at branch and some mail outs, etc.
 - All staff encouraged to be active in community.
- Senior Fitness
 - Committed to getting inactive seniors become and stay active
Community newsletter, phone, pamphlets, through organizations he belongs to— puts on program
- Saskatoon Housing Authority
 - Provide information to tenants through paper notices...either posted in common areas or door to door if needed
 - May use personal communication
 - Provide education/awareness session to groups
- 911 seniors informed about emergency services
 - Yes, but they are hesitant to call police. 911 call received are assigned according to the type of emergency. Protocol agreements are in place to determine which services are required.
 - There is a 211 number that agencies, including the United Way, are trying to get going. Its purpose is to provide information to the public about the services that are available in the community. It could be financed in the same way as 911 but governments have not responded. Is operating in Ontario.
- Fire and Protective Services
 - Activities stated above plus website and brochures/pamphlets, etc.
- United Way
 - Regarding 211: The UW is providing leadership and building a business case to fund 211 (staff, equipment, information is a massive undertaking) and will need a provincial system with government support.
- Saskatoon Public Library
 - Information services will research virtually any topic on request from medications to government programs to world affairs.
 - Large print books, talking books, described videos and DVDs (a narrator describes the visual elements of a story without interfering with the dialogue)
 - Book selection maintained in over 60 facilities and locations (special care homes, senior's residences etc.)
 - Home Reader service delivers books to individuals confined to their home

- ebooks available for download
- Books in multi languages (looking to increase)
- Specialized equipment includes soft ware to convert print into synthesized speech, large print and voice access to the internet and a video magnifier
- Post information for non-profit organization events
- Formal partnership with Plea
- Library systems provincially linked – materials constantly on the move.

Issues

- (Elder Abuse) . . . many cases are unreported as people are too embarrassed to report family members. Police are called with blatant assaults and major frauds but most cases would be dealt with by doctors, lawyers, etc. These are difficult because they have to be proved beyond reasonable doubt – which is not easy.

5.10.9 Health and Social Services

Observations

First Nations Elder

- Health services really good – exceptional. But if really sick, such as with terminal disease, hard to get hospital beds for native people. They are reluctant to go to doctor and avoid hospitals

Gays and Lesbians

- Experiences with Health Care have been very positive. They are relieved to have access to good medical care but have family and friends who do not.

Blind Individual

Her blindness, due to acute glaucoma, was sudden so she was thrust into “darkness” abruptly. This happened 20 (?) years ago and has adjusted.

- Difficulty finding a doctor. Having to wait longer for an appointment may trigger other problems such as hypertension leading to a stroke.
- All things have to be planned ahead since arrangements must be made for a guide.
- Not enough planning for seniors. Wants to stay at home, but what quality of life when senior is subject to isolation.
- Due to CNIB cut back, there’s no rehab – none at all in Saskatchewan.
- CPAS comes once a year to assess for Home Care; Home care provides minimal assistance mostly to get her organized.
- There is a social worker as well (don’t recall what she said about the extent of that involvement).
- With Services for Seniors for example, where the fee is related to “income”, that puts their services out of reach for her.

Actions

- This is not within the direct mandate of the City of Saskatoon – although we do sit at an number of social planning tables such as the Regional Intersectoral Committee, the Poverty Reduction Partnership, Saskatoon Housing Initiative Partnership and at those planning table many of the initiatives although not solely targeting seniors do have initiatives that directly affect Seniors such as the affordable housing programs, and poverty reduction.
- We also work in partnership with the Saskatoon Health Region with their In Motion and Active Agers programs.

- Among the organizations and initiatives of the University of Saskatchewan addressing the Health and Social Services themes are the following;
 - **Geriatrics Student Interest Group (GIG):** (National) Aims to engage students in considering their role in caring for older adults and the challenges and opportunities that the role can bring.
 - **Public Health Interest Group (PHIG):** Has undergone collaborative efforts with the Student Health Initiative Program, Student Health Clinic, and Master of Public Health Student Association on various programs that seek to improve health throughout Saskatoon.
 - **Older Adult Wellness (OAW):** promote optimal health and independence of older adults in Saskatoon (College of Nursing)
 - **Aging Research Group**
 - Partnership between University of Saskatchewan and University of Regina
 - long-term goals are to design low cost interventions (diet, psychosocial and exercise regimens) that will allow a more graceful and health aging in population
 - Members include pharmacy and nutrition, medicine (physical therapy, surgery, and anatomy and cell biology), nursing, kinesiology, and psychology
- Food Security is a concern of older adults. Affinity works with Saskatoon Food Coalition and SCOA to address concerns about accessible fresh foods. Partners include Saskatoon Co-op Stoes, CHEP, and Farmers' Market. Also, on "Community Garden Program" with five schools.
- Good service with community clinic. Get newsletter. Lots of good services, you must look for them-those who complain don't take the initiative
- (SHA) Generally good relationship with CPAS in assisting with transitioning from independent living in SHA housing to one where more services are provided.
- Home care is NB since it helps keep tenants in their suites. SHA's mandate is independent living but works closely with agencies such a CPAS to try to maintain tenants in their suites as long as possible
- Preference is to be able assist with "aging in place" when possible but can be challenging at times when the individual becomes forgetful of things such as turning off the stove. It is always vital to ensure the safety of all

Issues

- Home care, which is a necessary element to support individuals to live at home, is not necessarily client friendly. It operates within a complex bureaucracy and policies frequently create barriers to access home care. For example, the client may be required to have a hospital bed, or to have renovations done to ensure safe staff environment. These kinds of requirements can have huge hidden costs for the client and may be prohibitive. Inability to access home care because of "system policies" can force the individual out of their home into a support environment;
- Availability of caregiving is more of a concern for seniors.
- Gays and Lesbians. Unexpected problems occurred when they reapplied for their health cards on return to Saskatchewan and they are concerned about the possible effect on medical records. The new health card of one is now under her first name despite protests she has consistently used her second name throughout her life and all records including

health records, passport, etc . are under that name. They have experienced some difficulty with the new health card under a different name.

5.10.10 Recommendations and Suggestions from Interviewees

Saskatoon Housing Authority

- Would like to see a holistic approach to services for seniors. There are too many non-profits, etc., which leads to duplication in some areas and no services in other areas. Also services are dependent on funding rather than on need. Need someone or an organization to coordinate services.
- SHA could explore expanding on services such a transportation like Access Transit and Coop bus
- Could expand on other services provided to tenants with adequate funding
- Building of new units should focus specifically on the bathroom and kitchen of units designed for use by older adults to facilitate aging-in-place.
- The Scott Forget model should be replicated. It allows for tenants to access services such as transportation, health care, education, home care, etc.
- Need more units to meet increasing demand

Male First Nations Elder

- Need special places for getting together – special social places. Need to have conferences and communications with children in order to inspire the children. Need an institution to get together to help community – a gathering place. We lost our cohesion when we came to the city – fragmentation. Place like Wanuscawin or Friendship Centre. – Intergenerations. Even a temporary programme for several years to plant the seeds and to transmit culture and ways of families and raising children. Reinforce education in this kind of light.
- To create “community”, first get together by tribes, then as general groups. Establish elder groups. Create stability for our children. Promote respect and parenting skills (7 stages of family structure and parenting). (Need social engagement and intergenerational communications – Yes).

Gay Couple

- Set up smaller leash-less parks for dogs and people, using those in Toronto as a guide (trees and benches that enhance the park and surrounding area and make them more attractive). Improve sidewalks and curb access.
- Install benches along streets and in parks.
- Access bus expand opportunities for people with cognitive impairment to use the bus
- Transit system install bus stops closer to malls including Stonebridge
- Support Persephone’s efforts to improve parking for theatre patrons.

Saskatoon Public Library

- Future Planning: Outreach planning appears to be limited only by resources. The Library seems committed to consult with the older adult community in facility and program development

5.10.11 General Observation and Summary of Interview Data

The primary purpose of the interviews was a to obtain the assessments of major organizational participants and selected sub-groups of the population not represented in the focus-group and survey samplings. The interview data showed that the major organizational participants were largely aware of the major issues facing seniors and were acting on this awareness. While there were many organizational initiatives, the availability of financial and other resources limited the ability of the organizations to fully address the areas of need. However, it was clear that many of the positive comments on the age-friendliness of Saskatoon were derived from the deliberate and focused actions of these organizations. Their awareness of continuing issues proffer the hope for further advancements in community age-friendliness. The interview data showed that some of the issues identified by seniors as issues will need further descriptive elaboration before solutions can be identified: e.g. seniors and their fear of youth. A second outcome of the interview data was the confirmation of the heterogeneous nature of the population of seniors and the need to elaborate rather complex actions to address the uniqueness of these groups of seniors. In particular, the needs of First Nations seniors, gays and lesbians, and immigrants have a commonality with the general population of seniors but also possess a uniqueness that demands particular actions and policies to meet their needs and contexts. This commonality and uniqueness must be addressed in the next phase of the Age-Friendly Saskatoon Initiative.

Where do we go from here?

As noted in the introduction, the first phase of the Age-Friendly Saskatoon Initiative was to garner an assessment of the age-friendliness of Saskatoon along the dimensions described by the World Health Organization. This report, in part, is the culmination of that phase. The following is the description submitted to New Horizons of “Where we go from here,” and the anticipated results of the Initiative:

(With modifications, following the Tasmanian Positive Ageing , Health Canada/Centre on Aging (UofM) Age-Friendly Communities, and Vancouver templates)

PHASE ONE - Assessment Phase - Completed Fall 2011. 500+ participants

PHASE TWO - Action Planning and Seniors Strategy Development

Step One; Transition from Phase One to Phase Two: October 2011 - Jan. 31, 2012

- (a) Maintain momentum and engagement - reviews of Phase One reports and designng of Step Two data gathering instruments and administrative procedures.
- (b) Documentary and directory scans and compilation; continue literature review.

Step Two:A. Asset Mapping and Gap Analysis: February 1, 2012 to April 30, 2012

- (a) Compilation of current activities and current five-year plans; - Asset Map
- (b) Review Assessment reports (Phase One) with partner organizations, Gap Analysis
- (c) Review Gap Analysis with participating and partner organizations - Gap Report

Step Two B - Policy Review and Development of Policy/Principles Framework - Feb 1 - Sept 1

Step Three - Action Planning - April 2012 - October 2012

- (a) Review action plans and gap analysis with organizations
- (b) Promote development of activity linkages for partnerships and filling gaps;

Step Four -Seniors Strategy and Strategic Plan - 2013-2018 - Sept - January 2013

(a) Development, review and adoption of Seniors Strategy and Strategic Action Plan.

Results:

1. A comprehensive database on the demographic characteristics of seniors in Saskatoon and environs, their context and needs.
2. A Phase One report on the Seniors Strategy for Saskatoon entitled "Positive Aging in the Age-Friendly Community of Saskatoon. A contextual and needs assessment document.
3. An Asset Map of resources, events and activities now available for enhancing Saskatoon as an Age-friendly community.
4. A Gap Analysis showing the issues and needs not addressed by current activities and plans - a planning document
5. A Strategic Plan for 2013-2018 and a Seniors Strategy as a policy and evaluation framework.
6. Enhanced civic engagement of seniors in the development of a seniors strategy and resultant public policy and programmes.

The results will be measured by: 1) The utility of the direct results of the assessment, action planning, and policy framework for the participating organizations; (2) In the discourse on and among seniors, the appearance of the contents of the assessment, policy and planning documents as threshold concepts; (3) Validate the results by the public and agencies - formal adoption as organizational policy and planning documents; (4) The number of activities generated from the gap analysis; and, (5) The number and nature of joint ventures arising from the processes and products of this project.. Further, under an advocacy umbrella, the utility of the process and results in promoting the development and adoption of a City and provincial seniors strategy.