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Executive Summary

The Town of Innisfail completed a Seniors’ Community Needs Assessment to identify existing assets (people, places, and services) and potential concerns to better understand what might be done to prepare the community to support seniors to ‘age in place’. This assessment provides valuable insights about the challenges, barriers and gaps in availability, accessibility, and awareness of services for older adults in the Innisfail area. This information and the discussions that occurred are intended to be used to continue the dialogue about strategic directions and priorities in the community.

The project adopted the 8 key elements of an Age-friendly community as described by the World Health Organization’s aging framework:

- Outdoor spaces and buildings
- Transportation
- Housing
- Respect and social inclusion
- Social participation
- Civic participation and employment
- Communication and information
- Community supports and health services

Members of the community, mostly older adults, and key informants providing services in the community were consulted through focus groups, interviews, and a survey. Questions and discussions were intended to draw on their personal experiences, observations, and knowledge about the community. The results show that citizens want to be engaged in these discussions and most respondents want to remain in the community as they age. The feedback indicates some areas of satisfaction and some areas where citizens believe there are gaps and could be some improvements.

Areas where citizens indicated satisfaction included:

- Outdoor spaces and buildings
- Respect and social inclusion

Areas where citizens saw need for improvements included:

- Housing
- Community and Health Services
- Transportation
- Communication
- Inclusion

Addressing these issues will require additional time, effort and resources focused on solutions to address the challenges and barriers, to build a more age friendly community for older adults to age in place. Citizens themselves have offered some suggestions and creative ideas that they feel would help to prepare the community and older adults.
Introduction

During the months of September through December the Community and Social Development Coordinator, on behalf of the Town of Innisfail, has been exploring how to prepare the community to support seniors to age in place. A Seniors’ Community Needs Assessment was completed to identify existing assets (people, places, and services) and potential concerns to better understand what might be done to prepare the community to be “age friendly”. Discussions focused on availability, accessibility, and awareness of services for seniors. For the purposes of this assessment it was understood that the term “seniors” included adults 55 years and older. In this report the terms older adult and senior are used interchangeably.

Information from a recent study in Innisfail indicates that 29% of the population is 55 years or older. In 2011 ages 60 and over reflected an average of 1.5% increase in Innisfail from provincial figures during the same period. In 2012 the Municipal Census for Innisfail reflected seniors 60 and over as one of the three largest demographic groups (others being ages 45 - 54 and 10 – 17.)

Of almost 8,000 residents of Innisfail, about 2,306 are seniors. It is difficult to track those whom are actively engaged in the community in one or more services and which supports or programs are used to enhance their quality of life.

This assessment engaged seniors, their families, caregivers, local agencies, and support programs to understand what services are used now and what supports might be needed in the future to build a more age-friendly community and to support seniors in Innisfail to prepare for aging in place. The findings of this report are intended to further discussions to better understand and prepare the community to respond to the needs of an ever-growing older population and to support long term planning.

Background

To begin the project a literature review was completed. Much research has been done already in this area. This project references the World Health Organization (WHO) Report on Aging and Health published in 2015. The report outlines eight Essential Elements of Age Friendly Alberta’s population, like the rest of Canada’s, is aging. As of March 2011, there were about 410,000 seniors in Alberta but by 2031, when the last of the baby boomers reach 65 years of age, it is projected that there will be more than 923,000 seniors – meaning about one in five Albertans will be a senior.

An aging population will have profound and lasting economic and social implications for our province, leading to opportunities and challenges across a wide range of areas. Responding to these opportunities and challenges will require the involvement of a variety of partners in areas such as finance, transportation, housing, health, infrastructure, municipal affairs, community services, public safety, and others. It will require action on the part of governments, the private and non-profit sectors, communities, families and individuals.”

- Gov’t of Alberta
communities. The WHO eight key elements were adopted as the topic areas in all the engagement tools.

The eight key elements with examples of features of each are listed here.

1. Outdoor spaces and buildings – they are pleasant, clean, secure, publicly accessible.
2. Transportation – is accessible and affordable
3. Housing – is affordable, appropriately located, well built, well designed and secure.
4. Social participation – opportunities to participate in leisure, recreational, social, cultural, and spiritual activities with people of all ages and cultures.
5. Respect and social inclusion – older people are treated with respect and included in community life.
6. Civic participation and employment – there are opportunities for employment and volunteerism that fit older persons’ interests and abilities
7. Communication and information - age friendly communication and information is easily accessible through a variety of mediums and venues.
8. Community and health services – here is a continuum of easily accessible programs and services to meet older persons’ needs.

Both the federal and provincial governments have extensive resources available on the topic of ‘aging in place’ as well. Additional resources used in preparing for this project were largely from the following sites:


From that research, the following statements were used to further define the project.

- Federal / Provincial / Territorial Ministers Responsible for Seniors

Age friendly communities encourage seniors and other residents to stay active and engaged, and make it easy to do so with features such as well maintained sidewalks and benches, accessible buildings, and good public transportation.

Age friendly communities also provide seniors with access to essential supports and services such as shopping, health care providers and recreational activities.

Aging in place means having the health and social supports and services you need to live safely and independently in your home or your community for as long as you wish and are able.

- Federal / Provincial / Territorial Ministers Responsible for Seniors
The Process

The project relied on three sources of information to complete the assessment: service providers or key informants from the community, focus groups comprised of members of the community and a survey open to the public. A Discussion Guide was developed as a guide for conversations with key informants and focus groups. The survey questions were developed to be complimentary to the questions posed in the Discussion Guide.

**Key informant interviews** – selected individuals who provide services and supports to seniors in Innisfail were consulted for their opinions and insights on the key elements. Questions were open ended to allowed for comments. Comments were recorded and summarized for reporting purposes.

Service providers from a total of 12 organizations were interviewed during the months of September to November. Staff from eight of the twelve organizations did not reside in Innisfail. Organizations ranged from non-profit and municipal or provincial programs to private enterprise. Interviews were an hour in length and conducted in person except for one conducted by phone. All participants were eager to share their knowledge and experiences. Their feedback brings a valuable perspective to the discussion.

**Focus Groups** – individuals from the community participated in group discussions for their insights and opinions on the key elements that are the focus of this assessment. Focus groups were held in October at the Seniors Drop In Centre, one during the day-time and one in the evening.

There were 41 participants in the focus groups. These individuals were a representative group of citizens from the Town of Innisfail who are seniors, caregivers of seniors and individuals known to have experiences with this topic. Sessions were two hours in length. Participants were very passionate about the topic and wanted their views heard and recorded. While a complete record of comments was captured, this document summarizes the comments and themes for reporting purposes.

**Survey** – the survey was distributed to community members for completion. Questions were based on the key elements. More than 500 surveys were distributed and the survey was also available on-line through the Town of Innisfail website. A total of 87 were collected and an analysis of the feedback is included in this report.

A majority of survey respondents were seniors (82%) with caregivers and service providers providing the remaining responders. 36% of the respondents were over 75 and 36% of the responders were between 65 and 74. 15% were between 55 and 64 and 12% were less than 55 years.

While 85% of respondents reside in Innisfail, 12% reside in Red Deer County and 3% indicated they resided in other locations. Experience from interviews with service providers would suggest that these were individuals who provided services in the community and lived in other communities.

A majority of respondents lived or worked in Innisfail for more than 11 years with approximately one third of respondents living/working in Innisfail for less than 10 years. Of the 87 respondents, 91% indicated that they plan to remain in Innisfail as they age.
What should Innisfail look like as an age friendly community?

Respondents to the survey were asked to check from the following those statements they agreed with when thinking about an age friendly community.

While not everyone agreed with all the statements, most agreed that an age friendly community benefits people of all ages and that the whole community benefits from the participation of older people in volunteer roles. In their own words:

“Volunteering is important for all ages; many seniors are vibrant and have skills to offer. Our community needs us.”

“Seniors have a variety of knowledge to impart on the other generations whether it is business, historical or just stories to share.”

An ice breaker question asked key informants and focus groups to describe in their own words what an age friendly community would look like. A vision for the community began to take shape through feelings, emotions and images that came to mind.

An age friendly community is welcoming to all ages and nationalities, attractive to younger families and individuals as well as older adults. Sidewalks and benches line the streets with ample parking for handicapped individuals and seniors. Services for seniors are centralized and close to where they live. There are clothing stores, pharmacies, grocery stores and other commercial businesses that accommodate the needs of seniors. A recreation centre includes activities for all ages with indoor walking spaces, affordable activities, and social events. A variety of transportation options are available to and from events both during the week and on weekends. Fees are reduced for seniors on a fixed or low income. Information about events and transportation is communicated in multiple formats. There are employment and volunteer opportunities that accommodate the needs and commitments of seniors. Home care, both medical and non-medical, is
What We Heard

Survey respondents were invited to rate each of the 8 key elements in categories of poor, fair, good, and excellent according to specific features and respondents could also provide comments. Key informants and focus group participants were given examples of each element, questions for consideration, and invited to comment on what they considered the Town to be doing well and what needs improvement. For each of the elements, survey results are listed for each element followed by a summary of the comments from the key interviews, focus groups and surveys.

Outdoor Spaces and Buildings

Sidewalks, pathways, and trails: 72% of respondents found the condition of sidewalks, pathways, and walking trails in the community to be good to excellent. Others saw a need for improvements to sidewalks and streets, including a need for spaces for scooters, especially around the hospital and around facilities for older adults. The need for more wheelchair access to sidewalks, parks and walking paths was also a frequent comment.
There were several comments about the need for more pet bags and containers in the parks and on walkways and a need for greater weed control measures.

While there was appreciation for the benches, more benches in businesses and on trails in the shade and benches with a view were common requests. As one participant observed, “No one is sitting down (on the benches downtown). What is the problem?”

Public restrooms and rest areas: There were very favorable comments about the great campgrounds, green spaces including Napoleon Lake, Centennial Park and Dodd’s Lake, maintenance of major thoroughfares, wheelchair accessible sidewalks and the benches downtown and along the pathways.

“Spaces are clean, visually appealing, presents “community”

Several respondents commented on the lack of public washrooms in the business areas, public spaces, and walking trails.

“Access of washrooms is limited when walking some of the trails. There are lots of garbage cans to drop off garbage when walking. Thank you!”

Safety and security: Safety and security did not appear to be a concern with 69% of respondents rating this feature as good to excellent. One note of concern was about scooters. In many cases, scooters need to travel on the roads. This was seen as less of a problem in the summer when scooters are more able to get around (which means they are travelling on the road!) One service provider expressed concern about older people continuing to drive when it may not be safe for them to do so.

Buildings and Amenities: Respondents noted specifically some of the buildings in the community that they liked:

- Historical village – enjoy outside area, lots to do
- Library is a marvelous facility
- Hospital is a nurturing environment
- Clinics are comfortable and welcoming

Accessibility issues were often cited as challenges for seniors and for individuals with disabilities, some with possibly simple solutions, including:

- Counters are too high in banks
- Stairs, ramps, and railings are needed in public spaces
- Slippery surfaces require mats that don’t slip
- Removal of tripping hazards, more spaces in isles for shopping and between tables in restaurants
- Doors can be heavy, without buttons they flip closed quickly, a challenge for people with bags and walkers
- Fine if you don’t have mobility aids
- Difficult to see curbs
- Need more gathering spaces and community centers
- Covered shopping
- Sidewalks with wheelchair ramps
- Access to essential services is spread out
- Difficult to live in Innisfail without a car
- Tight spaces in public spaces like washrooms where it can be difficult to enter and exit if you are in a wheelchair

One of the service providers suggested exploring the opportunity to partner with the Chamber of Commerce to address these concerns.

**Transportation**

![Rate the following transportation services and related services](image)

**Roads**: A good majority of respondents (82%) rated road conditions as good to excellent. Some noted their appreciation of the wheelchair friendly curbs while others asked for more. For the visually impaired there was a request for beeping at signal lights.

**Snow removal**: Comments about snow removal were mixed. It seemed to depend on where you live and personal experiences with snow removal. Most agreed that main streets were well plowed but that snow removal was a concern on private spaces, residential and side streets, and laneways. Bylaw enforcement was often mentioned as a possible tool for making improvements to snow removal and grass cutting by private individuals.

"Where laneways meet the roads, sidewalks are not cleaned and are very slippery where the alley meets the street."

**Parking**: 54% of respondents were pleased with availability of parking and handicapped signage. Some businesses and other facilities were noted: Tim Horton’s, Servus, Coop Entry,
Medical Clinic, Fitness Centre. As well, some site-specific comments were made about the need for more handicapped parking, the Seniors Drop In Centre was one that came up frequently and some recent changes at the hospital have eliminated some of the spaces. One comment was that there should be stalls for seniors similar to stalls for those with disabilities.

**Community transportation services:** Feedback in this area most often focused on availability and affordability of transportation options. Most respondents were aware of recent changes to transportation services and acknowledged improvements in this area including a more reasonable fee structure, increased frequency, and a regular schedule. With regular schedules, seniors are more able to schedule appointments and other plans around availability. They found drivers to be courteous and friendly.

“Good job of trying to minimize barriers.”

“What’s here is working but need more and longer periods, especially weekends.”

For those seniors who rely on public transportation, prescription and grocery delivery are a challenge and very few stores offer delivery services. Where seniors are living close to downtown, it was considered easy to get from A to B, not the case if they reside in other parts of the community.

It was felt that the community bus and handi-van are used mainly for medical trips which then means they are not available for other things like trips for groceries, doctors, and dentures. One service providers related a story about a client needing a local transportation who was phoned at the last minute to cancel the trip because of someone needing a medical appointment, which precedes everything else. In addition, the handi-van doesn’t run if the weather is bad and safety is a concern.

“Seniors are very dependent if they don’t have a license.”

“Transportation is the biggest obstacle, often what forces people into assisted living.”

A rural respondent noted that transportation is even more of a challenge for those residing outside of town. Respondents also acknowledged the challenge of providing public transportation in a smaller community. Some respondents saw car-pooling as a solution. Others suggested the need for a touring bus for outings.

One senior suggested the term “handi-van” is a deterrent for seniors and that it should be renamed to something like the “Victoria Park Bus”.

Some of the comments appear to use the terms community bus and handi-van interchangeably. The comments imply that there may be some confusion about the transportation available to the community and which option is for what purpose.

**Health Transportation:** From the comments section there appears to be a general perception from respondents that the handi-van is used mainly for medical trips and not available for others and that more often than not the trips were regional or out of town which means there is no local service during those times.
Seniors needing to travel to Red Deer of medical appointments like dialysis and cancer clinic found options to be costly. One respondent questioned if there could be a scheduled bus from Innisfail to Red Deer and Calgary for medical appointments.

To demonstrate the challenge of travel to out of town medical appointments, one service provider shared the story of a client who needs to see an eye doctor in Edmonton on a regular basis. In order to travel to the appointment, they are required to leave at 1:00 AM on the bus to Edmonton and the schedule doesn’t accommodate a return until 7:00 PM at night. The cost of the trip one way is about $85.00 and this individual waits in the bus barn in Edmonton for the next available bus once they are done their appointment.

**Taxis:** In the absence of available community transportation, taxis were the most used option with ratings of fair to good. Taxis are the only 24-hour service available to individuals who don’t drive. Seniors on a fixed income find the taxi fare to be challenging although those who drive also said that the cost of having their own car was also challenging on a fixed income. One of the comments was about the lack of wheel chair accessibility if using a taxi although a call to the service confirmed that wheel chair accessibility is available.

**Accessibility and affordability:** Respondents expressed that the community bus is pricey for groups to use for bus trips as the cost includes the cost of the bus plus the cost of the event. Seniors are asking for more service both locally and regionally, and more affordable services. Transportation after hours and on weekends was often cited as not available for seniors and handicapped individuals to attend events.

One comment that seemed prevalent was that seniors don’t know what’s available and what it costs. In addition, service providers noted that seniors often feel needy if they have to ask for assistance. As well, those who are still driving seem to be unaware of services and don’t feel a need to be informed.

Suggestions for improvements included better promotion of what’s available, possibly a punch pass at a reduced rate for taxi services and a lower or subsidized rate for seniors on a fixed income.

One respondent, looking to the future asked “How available are services, will they grow with community?”
Availability of independent housing options for seniors: Housing was identified as an area that needs improvement. 69% of respondents rated availability of independent housing options for seniors as poor to fair. 61% of respondents rated availability of care facilities for seniors as poor to fair. 62% of respondents rated affordability of housing for seniors as poor to fair. Comments about availability were a mixed bag and seemed to be related to personal affordability. Some cited quite a few condos, plenty of rentals and variety with lots of vacancy, a feeling that “what we have is ok”. Others felt there is a need for more variety; bungalows and b-lows with less stairs, low cost rentals, condos, town houses, apartments, and town houses. And still others commented that housing was available but expensive.

Some respondents called for gated communities or adult communities, and seniors housing while others saw intergenerational housing options as more appropriate. Some want the community to explore different options such as co-housing, granny suites, flexible housing or flexible spaces in housing that can adapt to seniors needs as they age and partnerships with business. Accessible housing was also raised as a need in the community as well as condos with elevators for seniors who can’t manage stairs.

“The options seem limited. We would be interested in seeing more units with garages and small green spaces, one floor homes, smaller lots, grouped housing.”

“It would be nice to have gated communities with duplex bungalows (no stairs) for us up and coming seniors so that we can get out of our present homes with lots of yard work and move into new smaller gated communities (for security).”

Affordable housing for seniors with lower incomes was raised as a need by individuals, in focus groups and by service providers. The age group 55 – 65 was noted in particular as needing affordable housing. This age group, says one service provider, especially women, typically
make minimum wages and can’t afford what’s out there. Some seniors felt that when it came
time to downsize they would have to leave Innisfail to find affordable housing, particularly the
middle to low income group. Self contained housing, available through the provincial
government, was suggested as a possible option for the community to explore.

“The gap in senior housing is in the independent home choice. When downsizing
from a single family to adult (one level, gated, duplex, etc.) there are very few options.”

Service providers agree that there is autonomy related to housing and extra care options that
support seniors to remain in their homes as long as possible.

“Seniors independent housing should be closer to downtown,
at least closer to the grocery stores and pharmacies.”

There seemed to be some confusion, or lack of information which leads to confusion, about
housing options for seniors in Innisfail. People don’t know what’s available and are looking for
somewhere to go, like the Town Office, to find out. Service providers, in particular seemed to
be less informed about options available in Innisfail. Comments of “I don’t know” and “I have no
experience here” suggest a need for more information and education about what types of
housing are available in the community to support seniors to plan for transition.

Availability of care facilities for seniors: Service providers seemed to be more aware of care
facilities than the general population. They spoke of a need for “in between” care, something for
those not needing 24-hour care but needing assistance and a need for “couples’ spaces” in
lodges and extended care facilities. They had suggestions for long term care facilities including
more facilities with individual rooms so residents can make their own decisions about things like
thermostats, tv channels and lights. One spoke of the need for more multi-level care facilities by
sharing the story of a couple residing in a lock down facility when one spouse required that level
of care. While the other did not, in order to stay together, one had to be willing to live under
those conditions when not needed. Some of the older facilities that are available need to be
updated with wider doors, lower counters, and other aids. Facilities need extra spaces with
room for family and friends who are visiting.

Affordability: Insufficient affordable housing or subsidized housing was noted as a challenge
by respondents from focus groups, interviews, and surveys. Service providers spoke of seniors
on fixed incomes who struggle to manage housing, medical costs, transportation, and daily
living expenses.

Autumn Glen Lodge was seen to be too costly for some. Women, particularly single women,
could leave home to downsize but they don’t qualify for Poplar Grove Court because they own a
home, have assets.

Location: Comments about location included that housing needs to be accessible to services
by walking and there needs to be more centrally located housing. Facilities like Sunset Manor,
while meeting the needs of some, are too far from downtown if you don’t have a vehicle.

Safety and Security: Issues raised in relation to safety and security included abuse in some of
the facilities by other residents and the need for emergency housing for seniors e.g. in event of
eviction or senior’s abuse. Service providers often call on staff from Victims’ Services to speak
to seniors about the issue of abuse and to assist in settling disputes.
Maintenance and modifications: Maintenance and modifications was rated as poor to good. Comments primarily focused on some of the care facilities for seniors in the community. One area of the community in particular was highlighted as housing for individuals, including seniors, on low or fixed incomes, with generally poor upkeep. It should also be noted however that 28% indicated they had no comment or were not sufficiently aware to comment.

Social Participation

How are seniors in Innisfail treated, respected and included in community life?

Events and activities: A majority of respondents rated inclusion in events and activities as good. Respondents felt that there is lots to do in Innisfail if seniors choose to get involved and it fits their lifestyle. There’s curling, swimming, skating, horseshoes, shuffleboard, music, theatre and bocce ball courts (although location was identified as a barrier to use). There are a number of events like Family Days, Historical Village activities, Scarecrow Days, and the Car Rally to get involved in. The churches in town offer programming not just for seniors but that includes seniors such as ladies’ night out. The Seniors Drop In Centre, Library, the Women’s Institute, FCSS and the Legion host programs and events for seniors. The Seniors Drop In Centre was noted as providing a variety of activities for seniors but that not all seniors belonged to the Centre.

Service providers reported that memory loss is a problem in this age group. Invitations need to be intentional and sometimes more than once. Sometimes the second and third phone calls or notices are necessary. Service providers also commented on the need for activities for people with dementia. These individuals are rarely able to follow a program. Activities need to be adjusted to accommodate with memory issues.
More programming is needed that focuses on physical activity, especially for people with mobility issues. Seniors need indoor walking spaces, especially in the winter months. Rec centres and fitness groups could design modified programs. Muscular atrophy, mood, poor circulation, loss of muscle strength are all associated with poor physical activity which in turn leads to poor health. Similar comments were made under Community and Health Services for Seniors.

**Transportation:** If you don’t drive or live close to downtown or have a neighbor to take you, transportation is sometimes a challenge or a barrier to participation and even more so on evenings and weekends. Cost is sometimes prohibitive for seniors and there are no subsidies available. Seniors with mobility issues don’t get out much. The possibility of a shuttle service to the library was raised more than once.

**Preventing Isolation:** Isolation was rated by 40% of respondents as fair. Some felt Innisfail is still a small town where people do a good job of taking care of each other, perhaps better than larger centres. The challenge with this issue is learning about seniors who are “invisible” to the population. Churches are sometimes aware of them if they attend church. Service providers suggest there are lots of isolated seniors who have no means of transportation to get to events.

“We expect seniors to network but they don’t always have the same abilities, need to be supported to do so.”

Some communities have volunteer visitors, a Welcome Wagon and outreach workers who can take referrals from the community. We need to change the way we think about seniors. We tend to think they are removed from the mainstream rather than building networks around them or with them.

**Courses, crafts, and hobbies:** there were no comments in this area

**Affordability and accessibility:** there were no comments in this area

**Promotion of activities for seniors:** (see communication for comments)

One suggestion from a focus group was for partnerships between seniors’ programs (e.g. Seniors Drop In Centre and the Legion). As these groups tend to have different audiences, it may assist it to spread the word about activities and programs. A comment from a service provider who resides outside of the community “not my community” was a reference to the fact that, as they don’t live in the community they don’t receive information about activities for seniors.
Respect and Social Inclusion

When seniors participate in leisure, recreational, social, cultural and spiritual activities...please rate the following.

Respect and courtesy shown: Overall, a majority of respondents rated the features of respect, kindness, courtesy, intergenerational interaction, inclusiveness, and recognition as good. Innisfail is seen as a family based community with lots of heritage. “Respect your elders” still stands strong in Innisfail as a way of life.”

One respondent related a different experience where “Everyone is so go-go-go and there’s lots of pressure/stress. People don’t have time to “be nice. They are not even conscious of their actions.”

Intergenerational respect and interaction: A majority of respondents rated intergenerational respect and interaction as good, with a couple of less positive comments based on individual experiences. One suggestion was for more programs in schools while at the same time, there were positive comments about school children visiting residents in the long-term care facilities.

Inclusiveness: 49% of respondents rated inclusiveness as good. A couple of suggestions for improvements that came from the key informants included remembering to be intentional about including seniors and interacting with them, putting more emphasis on seniors. Other comments were that there is a large Pilipino population that hosts events for the community and there is lots of opportunity, just need to spread the word.

One service provider cautioned that seniors sometimes exclude themselves through depression and isolation. As well, it often goes un-noticed that when one senior is looking after another, they have a strong sense of obligation and don’t get out much. They need to be sought out to be

Respect, kindness, and courtesy shown
Intergenerational respect and interaction
Inclusiveness
Recognition events or awards for seniors

poor– fair– good– excellent– n/a–
included. Their world is changing, sometimes they just need companionship, help getting through the door. And again, sometimes transportation is the barrier to participation.

From individuals, focus groups and service providers we heard the comment about the stigma of being a “senior”. While we are referring to seniors as adults over 55, many over 55 don’t consider themselves to be senior. There are various generations of seniors e.g. 55 – 70, 70 – 80, 80 + and there’s a next generation coming behind.

“There is a take attitude vs a give attitude for seniors”

Recognition events or awards for seniors: Although the Town recognizes Seniors’ Week each year and hosts the Mayor and Seniors Garden Party, there was very little comment in this area.

“Recognition events – this has been more evident in the last couple of years…nice to see Legion Seniors Suppers, the high school or middle school hosting an appreciation dinner and entertainment…seniors were picked up from facilities to attend.”

“The community might benefit from additional advertising about activities for seniors, including those at the Seniors Drop In Centre.”

Civic Participation and Employment

Volunteering: 78% of respondents rated opportunities for volunteering as good to excellent. Comments, however, relayed a sense of “burnout” for seniors. The Hospital has worked to expand seniors range from 70 down to 55 years of age. There are lots of opportunities for seniors to volunteer … at the Library, creating items for raffles, the Hospital Auxiliary and the
Historical Village and Seniors Drop In Centre, Big Brothers and Big Sisters, volunteer visitors at the hospital and lodges, in long term care.

“Seniors can reach us on a different level. Everyone needs a grandma/grandpa mentorship”

There is a perception that volunteerism is dying in the younger generation, that Committees are largely older, that older people still give back and still want to give back, that seniors do the bulk of volunteering. Others feel that these programs don’t go out of their way to accommodate seniors and that they could be more intentional in providing opportunities.

“Older people are very involved in volunteer work, but are getting tired.”

“Seniors have been the volunteers of the last few years. Many are burned out, tired of the commitment, and are travelling more. There are many places for meaningful volunteer work, but I am not aware of many of my peers doing so.”

Some of these programs require sensitive screening processes which can be a deterrent to seniors. Some organizations indicate that they need volunteers, they are depleted. There are never enough volunteers to assist seniors with snow removal, yard work, heavy item pick-up and transportation.

AHS reported that off 130 volunteers at the Innisfail hospital approximately 70% would be seniors. That includes lots of professionals in transition (e.g. nursing staff wanting the connection.) It has been more challenging recently to attract younger volunteers as they are returning to the work force.

For the most part, service providers had very little experience or comment in this area.

Employment: For those seniors who need to work, employment was seen as a challenge because of the current economy. People are taking lower paying jobs that seniors might have filled, women are returning to the workforce. It was suggested that seniors are more difficult to employ because of the cost of benefit plans for them. It was also recognized that Innisfail is a small town with limited opportunities for employment for seniors but that employers don’t necessarily go out of their way to employ seniors.

“People think older people have nothing to contribute, they have a lot of wisdom.”

“Folks are not always receptive to working with seniors because of what they don’t know.”

Should this be an area to explore suggestions for improvements included educating employers on the benefits of hiring seniors and possibly more flexible work options to allow for seniors who may also be caregivers.

Encouragement: the sentiment in this area seems to be that there is an expectation rather than an accommodation by employers. Businesses don’t necessarily advertise to attract seniors as employees.

Training opportunities: there were no comments in this area
Recognition and appreciation: 41% of respondents rated recognition and appreciation as good. The one reference to this was acknowledgement of volunteer appreciation activities by the town.

Communication and Information

**Widespread communication:** 72% of respondents rated widespread communication as fair to good. Respondents had lots of ideas about what could be done to improve in this area.

- More communication with Lodges and Manor about what’s happening in town.
- Radio communication – for example the Olds radio station (CKLJ) has a seniors call in show from 9 am to 10 am weekdays and a Red Deer station carries obituaries. Can Innisfail take advantage of radio communication?
- More bulletin boards - in public spaces like the grocery stores, churches, rinks the Legion – and in private spaces like condos and other living spaces, restaurants – where seniors are likely to be.
- Billboards or a community board just for seniors

>“Communication and information has been on an upswing in the last 2 years. More in newspapers, posters at public restaurants, churches... large enough print or colorful enough to catch people’s attention. More and continued progress is needed.”

**Word of Mouth:** Word of mouth was rated highest for communicating information about seniors’ issues. The older population doesn’t always get information, they are not always in a network.

>“Networking and word of mouth is a good source.”
“Communication can be a social thing.”

Newspaper: The newspaper is a good way to promote events in Innisfail. Most respondents knew about the Silver Bulletin in The Town Voice featured in the Innisfail Province. Members of the Seniors Drop in Centre were aware that the Town provides this space for them and were very appreciative of it. Several expressed concerns about the future of newsprint. What will take the place of it, should it disappear?

One service provider noted that, while the Silver Bulletin provides useful information, it only promotes activities for the Seniors Drop In Centre while there are many other activities for seniors in the community. As well, feature articles could be a way of getting information out there about issues facing seniors like how to apply for pensions, where to go for Alzheimer’s support, planning for the transition (what to expect), health services, seniors dating, falls prevention. A special section for seniors with large print ads could promote activities and information about seniors’ issues and events.

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“Appreciating the new section in the Innisfail Province, but thing there could be a more central way of informing seniors of events…maybe a whole section in the paper. There are many events (e.g. Historical Village, library) but they are all advertised differently. If the information about events could be easily located (time, dates, transportation) …they would be better attended too.”

“If there is something new, how are seniors engaged?”

Posters: Seniors read posters. They look for them where they gather for social events, for coffee, in rest areas. While the younger generation looks for emails and posts on Facebook, we heard that seniors still watch for posters and flyers. Community bulletins need to be more prominent and folks need to know where to find them.

Technology (website, Facebook, Twitter, email …): 70% of respondents rated technology as fair to good. Those who work with seniors tell us that the 55 year old adults are connected but that 70 years and over generally struggle with technology. People with mobility issues in their hands and fingers are not likely to be on computers at all.

While there are some tech savvy seniors, for the most part, if seniors are users, they are not typically frequent users. Many commented on the need for internet and social media training for seniors, seemed to be unaware that the Henday Learning Centre offer courses for seniors. People with mobility issues won’t be on computers

“Many seniors are not computer literate, therefore, there needs to be other venues to disseminate information.”

“Not all seniors are computer users and computers are not always available”

Other sources of information that were noted included handouts in the utility bills, the Program Guide, the Town website, Facebook, Community Calendar, the Library, Seniors Drop In Centre, Red Cross website and pamphlets, Coffee Talk, bereavement cards and the AHS quarterly newsletter for volunteers.
Suggestions for improvement included:

- Include phone numbers as well as email and website
- More boards with community events for seniors (like the schools have)
- More information about town planning and seniors facilities planning (e.g. library)
- Better signage
- Information symposium for older adults
- Regular information/education sessions

In addition, while technology makes for ease of communication and can reach a range of audiences fairly quickly, there is no guarantee that the communication is reaching or read by the intended audience.

A side comment in this area was a reference to some of the on-line and automated services such as on-line banking and automated parking…" seniors can’t figure it out”.

Community and Health Services for Seniors

Continuum of programs and services: 68% of respondents rated the continuum of programs and services as fair to good. Services that were acknowledged included the physiotherapy department, massage therapist, dentist and denturist, home care, drug stores and grocery delivery by one of the local stores. One service provider commented that services are here but unaffordable (e.g. no coverage for massages, teeth, etc.). We heard that the age group in the lodge have not experienced things like massages and acupuncture, are less likely to want those services. However, this will change as demographics change.

Services that were noted as absent in the community included adult day care programming, support for Alzheimer’s and dementia and a Meals on Wheels program. (There was no
awareness of the Meals on Wheels program in the community). Suggestions for improvements included access to specialists (e.g. mobile vans with clinics for footcare diabetes and cancer screening), physical therapy, Alzheimer’s and dementia awareness, counselling for mental health, outreach services to engage seniors, especially seniors who are isolated, and support programs and resources that encourage seniors to remain in their own homes.

Service providers felt that every community needs adult day support programs. Caregivers need a break, a break that is not someone coming to the home, but let the caregiver be in their own home.

Service providers also commented that Alzheimer and dementia patients need out of facilities too. They need physical exercise. These patients don’t want to be known as people with memory issues. Innisfail can be an Alzheimer friendly community. Programs need to accommodate their needs. People don’t understand the disease and choose not to interact because they don’t understand. (The Alzheimer’s Society in Red Deer with 3 staff reported 700 clients, running 7 support groups from the office and 13 others in the region. While some clients would be from Innisfail, no local stats available.)

A recreational therapist from the community noted the lack of a walking group in Innisfail and a regular exercise group for seniors. Exercise groups could also become social activities with coffee served afterwards.

“Often the mind stays sharp, but the body becomes deconditioned. AHS physio cannot provide one on one exercise on a long-term basis.”

He cited examples of community led initiatives such as the walking group in Trochu introduced when the new arena was built, Alberta Healthy Living Programs in Olds, Red Deer and Calgary. Similar groups or programs can be operated out of a Drop In Centre, a church, a local gym, or fitness facility.

Easily accessible: 68% of respondents rated accessibility of services as fair to good and felt that they were good if people took advantage of them. The handi-van was helpful when available. Some respondents experienced challenges in getting in to see a doctor, particularly if you are new to town. The closest walk in clinic is Penhold, which is not helpful for seniors who don’t drive.

“Access to medical attention at the clinics is somewhat limited. Doctors are not taking new patients.”

From an AHS employee, we hear that it is not always understood that AHS employees have a very defined scope. They can provide services to AHS clients only. If they are living independently they typically don’t fit the mandate. They are often asked for services that are not medical (e.g. they get requests for transportation to see a doctor). Is there opportunity for the community to work with AHS to respond to these unmet needs?

While affordability was not a question in this area, Lifeline reported that, of 160 clients, 82 need financial assistance for service. Some expressed a concern that small communities have fewer resources and are more challenged to support additional needs of an aging population.

Caring and responsible staff: 70% or respondents rated caring and responsible staff as fair to good. There was a concern about services for seniors with unqualified staff.
“Our local doctors and the hospital provided here are great assets.”

**Diversity of health services and facilities:** many individuals spoke of good experiences with services from the health care system and from home care, were especially appreciative of the hospital being in the community and of friendly and compassionate staff. AHS offers a multitude of services with a good doctor patient ratio because of proximity to larger centres.

Others felt that, while the community does the best with what they have, there is room for improvement (public health, home care, long term care, private care, hospital, acute care.) one observation was that the Geriatric Clinic is in Red Deer. Staff at the Lodge were appreciative of nursing students who are placed at the lodge and that the flu clinic comes to the lodge, residents don’t have to go out.

Some respondents didn’t distinguish home care from non-medical home care and felt that home care could do more to support seniors to stay in their homes. Home care is a medical base, other supports are needed to provide housekeeping services.

The role of the Continuing Care Counsellor from AHS may not be well known or understood. The Continuing Care Counsellor takes referrals from acute care, home care, physicians, hospital … covers rural areas, RD outskirts, Penhold, Spruce View, Elnora (no longer Olds as need was growing there) – see home care map in home care office – region determined by AHS. CCC now seeing people who are under 65 with dual diagnosis that are falling through the cracks (mental health issues, drug and alcohol addictions) and the community has no ability to respond.

Some service providers spoke highly of self-managed programs where you can hire your own person (someone knowledgeable about Alzheimer’s) to do activities with the patient to give the caregiver a break. Other service providers felt that contracting out through the health care system is not working, that there is no accountability for the workers and that clients are at the mercy of the caregiver who could demand more funding than the contracted service provides.

Service providers had additional comments about communities wanting to support older adults to age in place:

- If people have good relationships with their primary caregiver, they are less likely to end up in facilities.
- Communities need to ensure there are support programs in place for caregivers to avoid burnout
- Respite is difficult to access for overnight care. Can lodges or long term care include respite spaces?

**Availability of equipment and aids:** Ratings of fair to good are indicative of a concern in this area. Individuals have some access to equipment and aids through a local pharmacy. The Lending Cupboard will help but is not local and Red Cross Services from Red Deer is looking to expand their mobile service to rural communities.

“Equipment and aids seem to be sold at drug stores but the cost is inhibitive. There isn’t, however, a place that rents equipment and aids to seniors, free or at a low cost.”

**Information about services:** the rating of fair to good was reflective of comments in this section. Respondents asked for more communication about what’s available, more communication and better networking between all services, and information about “how it all
works”. The Program Coordinator at the Seniors Drop In Centre and Karen at FCSS were most often referred to as good sources of information and assistance.

“Not everyone sees themselves as needing services … hard to inform.”

Information that would be helpful included:

- Listing of services for seniors (e.g. handyman services, home help)
- Information about care facilities, kinds of care locations and costs
- Monthly interagency to share info about services for clients
- Seniors Info Session improving knowledge about community and health services
- Financial and personal directive workshops

Many respondents commented on experiences of needing to make quick decisions on life choices and finding the way forward complicated and confusing. It was difficult to find one person who could cover all their questions and all their needs. It would be helpful to have a coordinator or navigator for way finding.

What are the challenges or barriers to accessing services for seniors in Innisfail?

(Responses to this question were edited only for the purpose of eliminating repetition.)

- Meals on Wheels not always that good, maybe come from Red Deer and are cold
- Delay in response from services
- Seniors have issues, services not willing to deal with them e.g. dementia
- Transportation - isn’t cost effective (too costly, fuel and employment costs, insurance, maintenance)
- Lack of information and understanding about what’s available, if they don’t know, they won’t ask
- Seniors Drop In Centre should be a navigation piece for seniors e.g. Golden Circle
- One place for information
- Geriatric clinics in every community with multi-disciplinary approach
- Community needs to make more of an effort to support caregivers “e.g. to caregiver – how are you doing?”
- Poor hearing or poor mental capacity, e.g. phone problems or gov’t services – seniors don’t understand and staff can’t help because they will only speak with the client (senior)
- 60 – 70 year old seniors need greater level of care but there is nothing available
- Home care processing is very slow, suggest take them to doctor first, doesn’t help
- People needing info on home care go to the lodge for information
- Home care can’t help if they aren’t a client, change in policy by AHS
- Staff of contracted services doing self-directed care, want more $ than contract pays them. Seniors top up to get service
• Only get 3 days a week service when every day is necessary e.g. changing of dressing for gangrene.
• Mobility aids
• Funding
• One person or part time staff can’t always be inclusive in providing support (referring to FCSS and SDC)
• Sunset residents – most don’t have drivers license. There is a bus but tied up with medical appointments.
• Hiring privately is a concern, not all seniors are comfortable with this and with getting policy checks
• Costs are high
• Dementia Education and awareness
• Size of community – limited as to availability of services
• Expectation of services has to be realistic
• Rural – geographical distances to access services

What are the gaps in availability of services and supports for the seniors’ population?

(Responses in this section are unedited and listed for discussion/consideration.)

• Nutritional education for seniors and caregivers, service providers
• Lending Cupboard – for walkers, wheelchairs, canes, etc.
• Be a Good Neighbor program
• Transportation
• Funding to support services
• Ability to order groceries and have them delivered… and …security for seniors – they need to be able to trust the responders
• Recreational opportunities in the afternoon, not evenings
• Businesses to be more receptive to what seniors need.
• Libraries help children to read. Can seniors help with that, help in schools?
• Lab where kids help seniors to use computers (their own), be mentors to seniors and share expertise
• Weekend transportation service for things like birthday parties
• More interagency meetings / groups once per month to share info and pass on to clients
• Lots of things could be piggy-backed e.g. could AHS work more closely with community (they think it is their thing, they could be more receptive to community). People tend to do their own thing.
• Elders Abuse and Parkinson’s just started up
• Programs can’t go outside mandates
• Lack of services beyond AHS for non-AHS clients
• AHS cutting back, focussing on services for youth, pensions hard to get now, can be denied based on income, chaplains taken away at hospitals
• Family members placed … then pensions cut back
• Need food program for seniors and assistance for housing
• Home care – need more and affordable
• Various levels of home care
• No standardized care – privatized
• Fees
• Transportation
• Level of service for home care is varied, are there standards established provincially
• Support group for seniors / caregivers?
• Caregiver / mental health support groups, etc.
• Cost is a big thing for seniors and they don’t always want to admit that.

How can existing services better meet the needs of seniors?

(Following are unedited responses from participants.)

• Update facilities e.g. wider doorways, carpets
• Meal prep in the home (make available)
• Manpower – takes more time when working with seniors
• Snow angels
• A local paper – like the coffee paper – specific to Innisfail and seniors
• Find a way to include seniors, put that in place now, be more intentional about it
• New lodge will help
• Self-contained suites with patios
• Subsidies for town programs, could FCSS fill those gaps?
• Home-help non-medical (home making, yard care, snow removal, minor repairs)
• Someone to walk the journey with them, help to navigate the system
• Train staff to be sensitive to seniors’ issues e.g. having limited mobility or anxiety over finances, where to live, etc.
• Provide information for seniors in clear language, large print
What are the top priorities that should be addressed?

Key informants, participants in the focus groups and survey respondents were all asked to give their thoughts on priorities that should be addressed for supporting seniors in Innisfail to 'age in place'. Their thoughts, as listed below, are grouped into broad categories and not in any ranked order.

- Transportation – especially for rural areas as urban areas have more choice, More affordable transportation …volunteer drivers are wearing out at SDC
- Transportation – volunteer transportation model, insurance covered if listed as a program of ??? (SDC)?? See toolkit from GoA
- Keep working at transportation coordination, bus travelling weekly is a good thing
- Affordable transportation within town and available
- Regular bus system
- Shuttle to and from library
- Have bus trips for seniors to local events e.g. Scarecrow Festival, Winterfest.

- Support local services (e.g. Wise Owl) as well as not-for-profits. They don’t qualify for grants (provincial and federal)
- Create a seniors services list
- Community services need to educate us about their services
- Community services need to be aware of gaps for residents, etc. (how they an better meet needs)
- Information flow both ways about gaps and what is available services need to know / people need to know what services are available
- Help seniors to be active by providing or convincing business to make classes affordable for seniors or more senior friendly (e.g. chair yoga).

- Communication - More advertising of what’s available for seniors
- Focus on having info available for clients and for other services.
- Communicate what’s available to seniors who do not use the SDC, publish more around Seniors’ issues e.g. how to apply for pension
- More communication
- To make people aware of what is out there, have a phone line for people to call with questions about what types of activities or clubs or classes are happening or wanted or needed.

- Engage seniors in planning services for seniors, they would feel valued and appreciated
- Make seniors feel valued. If you have no value, things don’t get done (value all age ranges)
- Follow up on consultation and report back so people know how things are being addressed
- Access to Town’s strategic plan
• More money and funding for subsidies
• Re-evaluating of services – are we focusing on the right ones to encourage seniors to remain in their own homes?
• Develop or promote a project which involves all age groups for the promotion of a common good.

• Housing – especially because its an aging population – where will rural folks go to?
• Continuum of housing options from independent to needing support to alternate housing
• Housing options e.g. reverse mortgage support seniors to stay in home
• Bring in Interior designer – how to build/ renovate aging in place homes – e.g. make your doors wider, lower counters.
• Think about what you would like as you get older. Get it going. Build the place we would like. (from a younger person)
• Better affordable rental apartments
• Better location for housing, more centralized
• Multi-level care facilities

• Create an atmosphere they are comfortable in.
• Monthly activities for seniors teaching something, documentaries, school projects (interview seniors to make a documentary)
• Care plan for transition earlier than when it is an emergency (people decline when in hospital waiting for placement)

• Supports to keep seniors in their homes (e.g. snow removal, friendly visitors, home support) (organizations are stretched to their capacity)
• Better respite in home
• Go to them...go in their doors.
• Opportunity to build services in Innisfail, hire outreach worker separate from Drop In
• Need staff person to do outreach – be the connector – system navigator to train, recruit service providers.
• If PCN does it, watch for duplication, would Innisfail have to pay or would it be cheaper for Town to do it?
• Medical support – appointments limited to 10 minutes with doctor and can only talk about one thing

• Brokered model of home help – contracted services $15 / hour funded through FCSS – worker does home assessment
• Home care assistance for people to remain in their own homes

• Adult day care program - Do numbers warrant in Innisfail? AHS is the gate-keeper if they fund. Community could operate if they had funding. SDC could facilitate some programming, would need dedicated staff and transportation to and from program
• Presentations on how the system works, how to access, what AHS looks after
- Community sidewalk maintenance / bylaw enforcement
- Recreation spaces
- Better exercise facilities

**Summary of Findings**

The results of the focus groups, key informant interviews and surveys show that citizens in Innisfail are engaged and want to be engaged in the discussion about aging in place. A tremendous amount of valuable information was generated, information that is useful and insightful about what older adults think the community is doing well, what needs improvement and what should be offered to make the community more age friendly. Of less concern were outdoor spaces and buildings, and respect and social inclusion.

The feedback gathered indicates there are some priority areas that require special attention or focus. These themes are intended to generate further discussion about how to prepare Innisfail to support older adults to age in place.

These are:

- **Housing**, particularly availability of housing options for seniors, availability of care facilities for seniors and affordability of housing for seniors. It was generally the view that long term care facilities and other facilities, while needed, would be less in demand if seniors could remain in their homes with supports. And it was generally viewed that centralized housing, close to amenities would partially alleviate the need for transportation.

- **Community and Health Services** - Housing with home care and non-medical supports were the most often identified needs. Non-medical supports included things like house keeping, grocery delivery, snow removal, grass cutting and home maintenance. Comments support that there are a range of home care options in the community, just more of it is needed. Adult day programming was raised as a needed service primarily by service providers.

- **Transportation** – Aside from housing, transportation was viewed as the next biggest obstacle to supporting seniors to remain in their homes or in independent living. While recognizing that the Town was making progress in this area, improving options for community transportation and health transportation, including for individuals with physical or mobility issues, was seen as necessary to supporting seniors to remain in their homes or in independent living situations.

- **Communication** - Overall comments seemed to suggest that there is a lot of information “out there” but knowing where to find it is a challenge. The places where people go for information, including the Silver Bulletin, activity guides and posters are appreciated but that there didn’t seem to be consistency in where to find information about what’s happening and when. Information should be readily accessible in a
variety of ways and there should be consistency in how it is provided. An underlying concern is that there appears to be an increasing dependency on computers and that not everyone has them or knows how to use them or even wants to use them.

- **Inclusion** – all responders indicated their appreciation for being consulted and wanted more opportunity to be engaged. Some wanted input into housing ... types of housing and location. Others wanted opportunities to be engaged in planning for transition, either for themselves or for their partners or aging parents.

### Some ideas from the community

- Provide identification flags for seniors’ scooters, above car height, for safety
- Blind date with a senior.
- Something like the “Bucket Filling Program” in lodges and care facilities
- The speed limit should be lowered to 30 in more parts of town.
- Work with Chamber to encourage home delivery of groceries and other necessities.
- Explore grants to support transportation for seniors and disabled to and from their events. Would businesses be willing to sponsor transportation?
- Explore opportunities for subsidies for low-income seniors to make programs more financially accessible if they can’t afford the cost.
- Provide transportation to and from events for seniors
- Lots of Icelandic Heritage in this area – plan an Icelandic Winterfest featuring knitting displays, stews, and chowders on the menu.
- Plan “Peppermint Days in January” – serve peppermint tea, red and white cupcakes, wear red and white winter clothing.
- Seniors groups adopt a park or pathway or portion of one to care for/ clean in the spring.
- Have a building assessment completed by the Central AB Paraplegic Association
- Have a lab where kids help seniors to use computers (their own if possible), share expertise and mentor seniors.
- Label walking areas with directions, length, etc.
- Outdoor exercise spaces in parks

### Other Resources

During the course of the project, several of the participants identified resources they were familiar with that may be of value should the community continue to engage in conversations about “age friendly communities”. These resources are listed here in no particular order.


http://www.seniors.gc.ca/eng/sb/ie/ab.shtml