**Community Action Initiative
Cycle 8 Convening Grant**

**Engaging Older Adults to Identify Barriers to Service and
Develop Community Solutions in District 69**

**Report prepared by Sarah Poole
on behalf of Forward House Community Society**

Community Partners

Lead Agency:
Forward House Community Society

Primary Partners:
Regional District of Nanaimo, Recreation
Society of Organized Services District 69
Island Crisis Care Society

Secondary Partners:
City of Parksville
Town of Qualicum Beach
Province of BC – MLA Michelle Stilwell
Parksville & District Chamber of Commerce
Qualicum First Nation
RCMP
Canadian Mental Health Association
Vancouver Island University
Nanaimo/Oceanside Community Health
Career Centre
Foxes Homecare
Oceanside Hospice Society
Parksville & District Association of Community Living
Vancouver Island Vocational Rehabilitation Services
Oceanside Task Force on Homelessness
Oceanside Health & Wellness Network
Haven Society
St. Stephen's United Church
Knox United Church
Canadian Diabetes Association
Arrowsmith Community Recreation Association
Coastal Community Credit Union
Pharmasave Health Centre
Joan Shaver, Private Fitness Instructor

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This report would not have been possible without the participation of the community in all the various stages of the research. To all the clients, concerned community members, and agencies: thank you for your help. This information was critical to understanding the challenges faced by many and be able to begin developing meaningful solutions. We look forward to distributing the research findings to our community stakeholders and decision makers for future planning and collaboration.

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Introduction

Older adults, defined as age 55 and above for the purposes of this research, currently comprise the fastest growing age group in Canada (Centre for Addiction and Mental Health, 2010; Stats Can, 2011). This group of people is extremely broad, encompassing more than four decades. There are many influences in this complex demographic including but not limited to all the different cultures, levels of socio-economic status, and physical and mental health challenges (Seymour & Gale, 2004). It is a group of people at different stages in their family and work life who have a tremendous amount of life experience which is often undervalued. There is growing emphasis on mental health promotion and resilience in the health community (Mental Health Commission for Canada, 2011; Seymour & Gale, 2004), such that people are encouraged to take control over the maintenance and improvement of their health (Centre for Addiction and Mental Health, 2010). "Health promotion and mental health promotion have common elements, in that both:

- focus on the enhancement of well-being, rather than on illness
- address the population as a whole, including people experiencing risk conditions, in the context of everyday life
- are oriented toward taking action on the determinants of health, such as income and housing
- broaden the focus to include protective factors, rather than simply focusing on risk factors and conditions
- include a wide range of strategies such as communication, education, policy development, organizational change, community development and local activities
- acknowledge and reinforce the competencies of the population
- encompass the health and social fields as well as medical services." (Centre for Addiction and Mental Health, 2010, page 16)

Resilience can be described as a person's ability to cope and can change depending on life circumstances. Centre for Addiction and Mental Health (2010) describe it as a balancing act between stress and adversity on one side, and personal coping skills and access to support systems on the other. There are a number of individual and family/social factors that can lead to increased resilience such as engagement, nutrition, physical activity, social relationships, and others. There are also community factors such as access to community services, social networks, adequate services to meet mental health needs, volunteer or participation opportunities, and a sense of belonging which can increase resilience (Centre for Addiction and Mental Health, 2010). Keeping these factors in mind can help guide a community's efforts to strengthen or develop greater capacity and emphasize the importance of engaging the older adult population in the process.

Purpose and Scope of this CAI Research Project

The Community Action Initiative (CAI) provides grant opportunities to community-based organizations focused on delivering services to individuals and families affected by mental health and substance use (CAI, 2016). This is a two-stage funding competition. The first stage is a Convening Grant to complete research and make recommendations for the community. The second stage is a Service Innovation Grant of up to $100,000 to implement the recommendations over an 18-month timeline. There will be up to 16 grants available, but only those agencies that were awarded the convening grant may apply.

This particular funding opportunity was directed at older adults living in community, assisted living or residential care settings who are experiencing or are vulnerable to experiencing mental health and/or substance use challenges. Forward House's project goal was to identify and address barriers facing individuals aged 55 years old and above, specifically those individuals facing chronic physical and/or mental health challenges.

The primary research questions included:
1. Why are some older adults (55+) with chronic health or mental health/addiction issues not accessing the existing programs/services in District 69?
2. We understand that transportation issues can be a major barrier to accessing services. How could businesses/agencies collaborate to help with transportation to and from programs
3. What programs for persons with chronic illness or mental health issues would you like to see offered that are not currently available in District 69?

Forward House partnered with 3 primary partners and 24 secondary partners in this research project. The primary partners and many Forward House clients were active participants in its development and implementation, as well as in the designing of the Service Innovation Project.

All participants in this research project provided their informed consent prior to answering any questions and were given the opportunity to withdraw from the study at any time in the process. The research assistants removed the signed consents from the surveys and stored them separately to ensure complete anonymity before handing them to the researcher. All surveys have been stored securely and will be destroyed on or before May 31, 2016.

Background

District 69, also known as Oceanside, encompasses a large area of more than 800km^2 in the northern half of the Regional District of Nanaimo (RDN) with a population of 46,341 people (Qualicum Local Health Area, 2015). It is primarily a rural area with two main municipalities, Parksville and Qualicum Beach, two First Nations Territories, and a number of smaller communities throughout. The extensive coastline and accessible beaches, forests, and rivers make it a very popular retirement destination. The population of residents, aged 65 years and older, of Qualicum Beach (42.7%) and Parksville (32.1%) are more than twice that of Canada's average of 15.7% (Stats Can, 2011). The population of those 75 years and older in this area is expected to

grow by 80% over the next 20 years (VIHA, 2015). It is this growth which emphasizes the need for health promotion and to address the availability and accessibility of services and support for healthy aging (BC Ministry of Health, 2005; Mental Health Commission for Canada, 2011).

According to the Qualicum LHA profile (2015), the costs associated with those residents who own their own homes are lower compared to other communities on Vancouver Island and in British Columbia. However, 8% of seniors over 65 years' experience low income in this area and the average rent is $888/month. Almost 54% of tenants pay more that 30% of their income for their housing (VIHA, 2015). The less expensive rentals are more typically located further away from Parksville and Qualicum Beach, which also means little or no access to public transportation.

There is daily public bus service from Parksville, Qualicum, and Nanoose to Nanaimo with one day a week service on Tuesdays from Deep Bay to Nanaimo. Areas such as Coombs, Errington, Whiskey Creek and Hilliers have no public transportation service. There are two volunteer driving services: local medical appointment transportation is available through the Society of Organized Services (SOS) and medical appointment transportation to Nanaimo/Victoria is available through Wheels for Wellness. There is also a seniors-specific monthly grocery shopping trip through the Better At Home program available through the SOS.

There are a number of service providers that are dedicated to the Oceanside residents. They often provide a variety of services, some of which are specific to seniors. There are also a number of collaborative tables in the community which consist of non-profit services, public services (such as RCMP, Island Health, Ministry of Child and Family Development) and local and/or regional government. These tables have all come together voluntarily to address various issues within the community.

Information sessions were held at all of the following community tables and clubs to begin garnering community interest and to hear pre-emptive feedback on their observations of existing gaps and challenges in the community.
- Oceanside Health and Wellness Network (OHWN)
- Oceanside Task Force on Homelessness (OTFH)
- Building and Learning Together (BLT)
- Rotary Club of Parksville
- Regional District of Nanaimo (RDN) staff and Board members
- Oceanside Homeless Outreach Support Team (HOST)

There was immediate support for the research and many conversations had already begun around transportation challenges. OHWN had previously started to develop a transportation action group, but there was a desire for more community-based information. At an Oceanside forum on homelessness in November 2015, many residents spoke up loudly about their transportation-related concerns in addition to providing input around potential housing solutions. Further, students from Vancouver Island University, on behalf of the Parksville Qualicum Community Foundation, had conducted research around what was working well and not working well in

Oceanside, and they subsequently developed a word cloud from their community forums. They determined that transportation was one of the top 3 most prominent areas of focus.

Summary of Community Forums

During March and April of 2016, a series of community forums was conducted throughout the Oceanside/District 69 area. They were held in Parksville, Qualicum Beach, Nanoose, Coombs, and Bowser. At each forum, conversations were structured around the 3 research questions. Each forum developed its own focus based on the participants; this allowed for the unique challenges and the common themes of the communities to emerge. In addition to new ideas, many of the suggested solutions from the forums were based on the participants' previous experiences in other communities from across Canada. The extensive sharing of information around current services and how to access them was an unexpected outcome of these forums – many participants were unaware of the extensive array of services and programs already provided in District 69. The following is a summary which highlights the unique characteristics of each individual forum.

Qualicum Beach – St. Stephen's United Church

The first forum took place immediately following the church's weekly community lunch. There were 21 community members in attendance. The participants identified many barriers to existing services and programs and had almost as many suggestions to address them. The main themes from the discussion were lack of information and knowledge of services, challenges with transportation, and personal barriers to services. Much of the conversation focused on healthcare services; however, many of the barriers and solutions were extended to services and programs in general.

Many of the participants felt consistently unaware of various services in the community, and they expressed that they did not know where to go to ask for information. Many of the participants or the people they knew did not have a computer and/or did not possess the knowledge to efficiently use one to search for information. They believed it was essential to include non-computer based solutions while recognizing the role of computers and tendency towards online information. Suggestions included a phone-in information line, rack card stands, and/or pamphlets of services (outdoors and through various community businesses), or having a centralized place to go with questions. They also wanted front-line staff of agencies to have a better understanding of the available services within the Oceanside area and be able to actively and meaningfully engage in referring clients to those services or programs.

The next discussion started with issues around transportation to hospitals, and particularly about the lack thereof when being discharged, often very late at night or early in the morning hours. The ensuing discussion and solutions covered a much wider range of concerns. The challenges centred around a persistent lack of transportation, especially in outlying areas (such as Bowser) for people without vehicles or the ability to drive.

The solutions specific to the hospitals included improving discharge planning so that elderly

clients are not released when they cannot get a ride home. They also suggested coordinating medical appointments by area and providing a shuttle service to the Oceanside Health Centre from outlying areas. Beyond medical needs, other solutions included engaging local governments to expand and/or improve existing public transportation. Agencies could coordinate appointments for certain areas so that clients may carpool or be provided with a ride. Another suggestion was a "dial-a-bus" as seen in a Saskatchewan town, where the driver took the service calls directly and then picked up clients on the way. In this model, clients paid by the round trip. Other suggestions included building a similar program to the volunteer medical driving programs but for non-medical errands, car-sharing using an Uber concept (as used in Vancouver), and bike sharing programs.

Looking past transportation, the challenges around access to health services included an overall doctor shortage, lack of walk-in clinics, no 24-hour crisis response team, and difficulty accessing services (whether due to hours of service, disability or perception). This led to a detailed discussion on personal barriers to accessing services. For some, poverty made them vulnerable to having no home phone or internet, no money for transportation, and homelessness. Not having access to a shower or having unclean clothes made them feel uncomfortable accessing existing services. Lack of a mailing address creates a lot of stress, and currently no agency is known to provide a mailing address as a regular service in this area. Social isolation, fear and anxiety to seek out new and unfamiliar services, and chronic depression were identified as significant mental health issues among older adults. A lack of clearly identified welcoming of lesbian, gay, bisexual, transgender, and queer (LGBTQ) persons into agencies or into bathrooms was another barrier for some.

Potential solutions for reducing barriers consisted of lowering the threshold of health services or agencies by expanding hours and reducing formal rules. Several participants suggested using volunteers to build relationships with isolated individuals (like the Better At Home friendly visitor program or outreach workers), who could then also help to connect individuals to services. The final suggestion was to create a centralized drop-in centre to ensure that phones, laundry facilities, showers, and computers were available to all. For those who are homeless, this centre could also act as a temporary mailing address.

Qualicum Beach – Seniors Are Talking Group – Qualicum Commons

The second community forum was with the Seniors Are Talking group which is provided by the Society of Organized Services (SOS) at the Qualicum Commons. It had the largest attendance with 54 individuals all over the age of 55 (majority over 65 years old). They were very engaged in the conversation and provided a focused perspective for older adults in this area who actively attend programs. The largest identified challenge and source of frustration for them was transportation. However, through the conversation around existing services, it also became apparent that lack of information of services was also a significant barrier.

Participants most commonly attended the SOS, the Oceanside Health Centre, libraries, and seniors' centres. Being able to attend social events such as church functions, concerts, and movies seemed to be a very common interest, as was knowing when and where activities or programs

were happening. Suggestions on how to increase sharing of information included advertising in the newspaper, creating a newsletter, creating a public calendar, educating agencies, posting information in healthcare offices and pharmacies, using libraries, sending mail-outs, posting on the internet, and advertising at clubs and businesses. The researchers were pleased with how much information was shared within the meeting itself, from person to person, and from researcher to participants. The research forum became educational in nature simply through the evolution of the discussions.

Once again, transportation was the most important issue raised by the group. It was brought up again and again, and the researchers found it difficult to change topics. Among the respondents, 16 drove themselves, 7 walked and 23 depended on the SOS bus or carpooling to attend this forum. Frustration in reduced bus service, needing to transfer to attend the Oceanside Health Centre, not being able to return from Nanaimo Regional Hospital, mobility issues, broken ramps on buses, not being able to drive at night, limited access to programs, and not being able to access transit to get to the beach and back were issues for both Qualicum Beach and Parksville participants. They wanted to see the RDN working with the public and being responsive to their needs. They would like to see the HandiDart program or taxi saver program expanded. Other solutions included having small community-owned buses which would run hourly. They could provide a hop-on/hop-off service where riders would pay if they could. Utilizing volunteer drivers could help to reduce costs. Designating buses for specific activities such as grocery shopping could also be helpful.

Parksville – Knox United Church

This forum was held in the afternoon in Parksville. It was attended by 13 community members. These participants attended similar services or programs as the previous groups and were primarily available in Parksville or Qualicum Beach. Beyond basic necessities, important factors in participant attendance of programs and services included ease of attending (such as whether the services or programs were close), availability of transportation to get them to the service, and cost (most preferred free services). In regard to personal barriers, there was a heavy emphasis on the need for inclusion and feeling welcome (which included being supported to get to services, such as Home Support for mobility or a friend for encouragement), being invited, and enjoying social interactions. Fear of having to commit to a prescribed number of sessions was mentioned as a barrier to attending. Participants suggested it was helpful to be able to observe and then maybe participate a few times before committing. Receiving a phone call and going over what to expect before going for the first time would also be helpful. The participants also wanted to see diversity in programming, while also experiencing a client-focused service. They wanted to be asked for their feedback to improve services or programs. They also suggested having a buddy system or personal reminders to help stay positive and accountable.

While word of mouth was the primary method of learning about services, more than 35% of participants used the internet as their first stop for information. Other methods to access information included using bulletin boards, newspapers, radio spots, and guidebooks. The ideas for sharing information were to include an information booklet in new car insurance packages, doctors' offices, pharmacies, and email services. They also suggested that a one-stop phone

number or website would be good for sharing information. Finally, improving inter-agency knowledge of one another and increasing referrals from agencies would be helpful in increasing knowledge of available services.

Transportation was addressed, but not in as much detail as in the other forums. The participants thought that agencies could possibly collaborate to provide bus transportation to programs. Alternatively, people could exchange phone numbers at the programs and help one another. It was also suggested that current volunteer driving programs could be expanded.

Qualicum Bay/Bowser – Lighthouse Community Hall

A forum was held in the northern area of District 69 at the Lighthouse Community Hall. There were 7 participants in attendance, including the Qualicum First Nations Chief and a representative from RDN Transportation Services. The conversation was very valuable, as it identified some unique experiences and struggles in this particular geographic area. The participants attended many similar programs as those in the other forums, but with some key differences. Geographically, they are close to the midpoint of Qualicum Beach and Courtenay, so unlike other areas, these participants were just as likely to go to either place for services and recreation programs. Some of the participants fell under Courtenay geographic area for health services, such as mental health. Travel time and distance to services was greatest in this area, thus placing a larger financial burden on those who could drive. For those who could not drive, the challenge was even greater, as the bus runs only once a week to Qualicum Beach and Parksville, and there is no bus service to Courtenay. Participants had become frustrated with trying to coordinate activities and appointments around the transit in Parksville and Qualicum Beach. Lack of public bathrooms, trails, benches, and sidewalks were also identified as barriers in this community.

Lighthouse appeared to be a tight-knit community; social connections were important and were addressed on a local level. Pancake breakfasts, lunches, events and meetings are held regularly at the Lighthouse Community Hall. Participants explained that waiting lists for services, especially mental health related services, are very distressing for community members. There was some very candid sharing of personal experience in this regard. According to the participants, there is no local doctor or other health services available in the community. The participants felt that finding ways to bring services to them would be one of the most meaningful solutions. For example, they would like to bring the Seniors Coordinator (from the SOS) to their community, as well as an advocate, a crisis nurse, pharmacy delivery service, and support groups.

Challenges regarding access to information were also addressed by the participants. Apparently, lack of computer availability in the Lighthouse community makes online information collection difficult. The participants suggested creating a consolidated list of transportation options, including what they are for and how to access them. Providing pamphlets at the churches, Lighthouse Hall, Fanny Bay, Union Bay, the Lion's Hall, Tomm's Food Village, Georgia, and in other locations would be helpful. Placing ads through the PQB News was also suggested. Alternately, providing a centralized physical location for published information could improve the community members' ability to access information.

The participants also identified how to help people access services. Overcoming isolation seemed to be a common theme in many of the solutions. The participants suggested making the initial services as client-centered as possible. Some of the suggestions included having a person greet people when they show up at a program or service, helping people to make social connections, and providing a wide range of services so that the services feels meaningful to the clients. Service providers could ensure timely follow up and reassurance, especially if there are long wait lists. Participants felt that easy access to transportation and community events such as pancake breakfasts could help minimize isolation amongst seniors. Meals have also been effective in connecting people, especially when they are followed by activities that encourage people to stay longer. Two other suggestions were to look at bringing a 'Friendly Visitor' program to younger people in this area and expanding the Community Policing daily phone program to include the Lighthouse community.

Errington/Coombs – Grace United Church

An evening forum held in Coombs was attended by 15 individuals. The participants shared that the majority of services which they currently access were not in Coombs area, but located in either Parksville or Qualicum Beach. The participants were most likely to attend services where they felt welcomed and made warm connections with friendly staff. They felt being able to make social connections and spend time outside out of their own house helped to reduce isolation. Affordability, access (whether programs are easy to get to or on a bus route), convenience, scheduling, and variety were all mentioned as important reasons in determining if they would attend services and programs.

Many barriers to service were identified; some of these reflected personal barriers such as anxiety and literacy issues. A significant barrier among these participants was institutional fear which included physical barriers such as desks and glass used as dividers between staff and clients. Alternately, in some agencies, clients struggled with not being able to identify employees from guests or clients. Additionally, weather, darkness and time of programs were also acknowledged as potential barriers. Transportation, cost of programs, information of services and physical accessibility were four major themes of the barriers identified by the participants, thus leading to a brainstorming session where participants moved between four tables to address potential solutions for these issues.

According to the participants, the most pressing transportation barrier was the lack of any public bus service to the Coombs area. One participant noted that the most affordable housing existed in the more rural areas of District 69, but there was no transportation to help them get into the communities where they shopped and accessed services. When considering how to address transportation, the participants felt that providing free or affordable service was important. They also thought that agencies could consider working together and pooling existing resources to help clients attend programs. Participants also suggested creating a registry or a website/phone app of volunteer drivers where clients could call or sign up to get rides. They suggested a bike share/co-op, although they recognized the challenge of riding bikes on Highway 4 (as it is a busy road with a substantial hill). They also suggested that local government invest in infrastructure such as bike

and scooter friendly pathways and/or bike lanes. Finally, the participants suggested creating subsidies to offset gas, maintenance, and insurance costs to make owning a vehicle and volunteering as a driver more affordable.

The participants felt that ease of accessing information was determined by both the clients' knowledge of existing services and how well individual agencies knew each other and were able to make appropriate referrals. The majority of the proposed solutions involved ways to distribute the information to the community members. The ideas included creating themed brochures (by agency or topic) to put on community bulletin boards (library, grocery stores), at tourist centres and at local agencies. The participants recognized that the location of many bulletin boards is a barrier in itself (often high traffic public areas with boards that are crowded with too much information) and suggested some identifiable custom card racks to be placed strategically in various places. They also identified that the cost and time required to maintain the brochures could be prohibitive for agencies. Another suggestion was for the community to create its own resource directory; many of the participants felt it was important to consider paper, phone and online information. Further, participants wondered if training could be provided to increase computer literacy. The participants were informed of the community directory available through the Vancouver Island Crisis Line, but they felt it was not up to date because of the inherent delays in collecting and printing information. They also felt uncomfortable calling a crisis line for information as they felt that it was meant to be available for suicide support. Some participants suggested that agencies could share the costs of a newspaper "wrapper," advertorial or community calendar (with business ads around the calendar to lower the costs for the agencies).

Solutions to address the costs of programs were first considered systemically by suggesting changes to government-based income (social assistance and disability benefits) or the tax system (to include a living wage or guaranteed annual income). Then a more local perspective developed which included encouraging the non-profit agencies to develop social enterprises. Profits from these business could help to cover the costs of programs; this idea generated significant agreement amongst the participants. Another strongly supported suggestion was to encourage businesses to be socially conscious and for them to sponsor programs at local agencies.

Finally, physical accessibility solutions were considered for both Coombs and surrounding rural areas, as well as the urban areas of Parksville and Qualicum Beach. The participants' ideas included providing HandiDart access in more remote areas, developing better pathways and sidewalks to accommodate wheelchairs and scooters, improving wheelchair access for businesses by providing more drop-off zones, finding inexpensive portable ramp systems to improve access into buildings, and to provide wheelchairs in buildings.

Nanoose – Nanoose Community Centre

A morning forum was held at the Nanoose Community Centre. Although only 3 individuals attended, there was excellent conversation and some new ideas of how to improve services. This forum was also attended by an RDN Transportation Representative (on invitation of the research partners), who participated in the conversation and was able to answer questions as they arose. Local trails along the railways, buses into Parksville and Nanaimo, and volunteer drivers were the

services primarily discussed at this forum. Some of the barriers for transportation included finding the bus schedules difficult to read or understand, feeling unsafe getting to bus stops and shops, and finding bus stops difficult to locate. Having a bus stop at Red Gap with a route directly through to the ferry were identified as missing in this community. The participants felt that walking or riding bikes was unsafe, as there weren't any designated places separate from the vehicle traffic for them. While the participants believed that most people were able to drive, it was noted that they often do not want to drive at night. They also thought that most people could access computers, but some would struggle to be able to use them. Another concern is that because the participants cannot afford housing closer to the city centres, they are forced to move where housing is more affordable but also results in more isolation.

Some of the suggestions for improvement included increasing advertising and education around using public transportation. The participants also suggested using Shaw Cable to educate residents how to use the buses, to show the schedules and how to read them, to explain how to load bikes, and to provide time and money saving tips for public transportation riders. They would like to see schedules that are easy to read and specific to their area; these could be posted locally. They also suggested that grassroots collaboration with agencies could create sustainable solutions which, once successfully piloted (such as the bus on Gabriola Island), might lead to RDN support later on.

Qualicum Beach – Macular Degeneration Support Group – The Gardens

An invitation to attend a monthly support group and discuss the research being done led to an interesting discussion focusing on the unique challenges of individuals with macular degeneration. There were 9 people in attendance, all in various stages of visual ability. They either drove themselves or were driven there by another person in the group. As with other groups, there was a significant sharing of information here. It was important to the participants to be able access information by phone. Challenges around transportation were increasingly concerning as each individual's vision continued to deteriorate. Lighting and steps into stores made access a big challenge and safety concern. The participants expressed frustration at the lack of understanding from many store owners, and suggested more education was needed in this area.

Summary of Community Surveys

An online community survey was created through Survey Monkey and distributed via Facebook, emails to agencies, newspaper advertising, and the community forums. The only mandatory question was the provision of informed consent. All others were optional. Percentages are based on the number of participants that answered each question, as opposed to the total number of overall participants.

Basic demographic and summary information:
- There were 87 participants overall
  - 71% female, 26% male, 2.5% transgender
  - 71% of participants were 55 years or older

- 78% have lived or worked in Oceanside for more than 5 years
- 80% identified as being or knowing someone aged 55 years or older with chronic physical health, mental health, or substance use issues who live in Oceanside
- 60% currently access services or programs in Oceanside
- 58% identified that barriers existed to accessing services and programs, 27% did not know

The most important factors contributing to community members being willing and/or able to access services more often was if the services were free (67%), followed by if transportation were provided (62%). The next two most important factors were if the community members were invited to go (54%), and if they had friends to go with (51%).

Participants were asked to list the most important reasons they might not be able or willing to attend programs and transportation. There were 5 major themes that emerged from the answers: financial, transportation, information, agency barriers, and personal barriers.
- Transportation was the most common first answer mentioned in 21 comments (33 comments in total)
- However, personal barriers were mentioned the most overall in 37 different comments, with 24 of those comments directly related to mental health, isolation, and associated stigmas
- Other personal barriers mentioned included inclusiveness based on gender, sexuality, cultural awareness, language, environmental sensitivity, and physical health/mobility needs
- Lack of information and awareness of services and programs was mentioned 17 times
- Financial concerns included cost of programs, attending programs, and inadequate housing

Participants were then asked for suggestions on how to address these barriers and four themes appeared: transportation, improved information, education, and cost reduction.
- Transportation was addressed most often, in 30 comments, including improving existing public transportation, agency provided, volunteer/peer drives and carpooling.
- Improving information was mentioned in 23 comments, including better distribution of information, paid advertising, better referrals, improved agency information sharing, bulletins in medical offices, etc…
- Education (13) suggestions went beyond information and included suggestions such as training for staff and doctors (empathy, healthy interactions, understanding barriers that clients face) and increasing community awareness on mental health, dementia, and sensitivities.
- Cost reduction (10) included addressing affordable housing, increasing funding, distribution point for free toiletries, and improving income support.

Beyond these common themes were two additional suggestions. Participants mentioned the need to find ways to bring services and programs to North Qualicum/Bowser, as these are less populated areas. The other suggestion, compiled from multiple comments, is to improve services

overall by explicitly increasing inclusivity (for mental health, sexual and gender identity, and seniors) through posting signs, adding specific references to posters or advertising. Offering more flexibility in service where possible (places, times, drop-in) was also seen as a way to increase inclusiveness.

The two most common modes of transportation were walking (55%) and driving (56%), with biking and public transportation tied for third (27% each). Only 23% identified as living on a bus route, and the majority (62%) did not have a bus pass. When asked when transportation would be the most helpful, 49% identified both morning and afternoon and 40% indicated only round trips.

Considering the previous information, it was not surprising that 93% agreed that transportation was a barrier to accessing services and programs in District 69. The three most common themes within transportation were insufficient public transportation combined with scheduling conflicts (17 comments); outlying areas which receive no service (14 comments); and struggles with mental health or physical health/mobility which make it difficult or impossible to access buses (8 comments). The services that participants would attend most if transportation was not an issue included social events, non-profit social programs, and entertainment. This was followed by exercise opportunities, with Ravensong Pool being the most mentioned. Access to mental health support (including outreach, counselling, and support groups) and physical health support were the two other categories that emerged.

There were a number of suggestions to improve transportation through collaboration. While there was a lot of variety among these suggestions, they seemed to fall relatively evenly into three categories: improving existing RDN transportation services and expanding them, developing locally based transportation services (possibly including the RDN), and agency collaboration around transportation services to include both their programs and other programs. Developing a smaller shuttle bus service and sharing resources were the most common suggestions regarding locally based transportation. Participants suggested that agencies could maybe identify clusters of people in a similar area that need to access service and provide scheduling and transportation to accommodate those needs.

When asked what other programs the participants might like to see in the community, there was relatively equal interest for physical activity, life skill development/counselling, and increased outreach services in the community. Included in the outreach services, one participant mentioned the need to bring more medical services closer to home in the Bowser area (including access to medications). Increasing housing (on the whole continuum) in District 69 was also mentioned in a few comments here.

In their closing comments, participants emphasized the need to address transportation to help people to get home from services such as the hospital and to bring services closer to where people live (such as Bowser). Participants also mentioned providing information and education on how to recognize and access help when needed.

Summary of Client Surveys

The client surveys were only available on paper and through the research partners. Most of the clients who attend these services do so in order to improve their mental or physical health. The clients were offered support to answer the surveys in order to address any concerns or questions they might have. This method resulted in many completed surveys.

Basic demographic and summary information:
- There were 115 participants overall
  ◦ 62% female, 37% male, 1% transgender
  ◦ 71% of participants were 55 years or older
- 70% have lived in Oceanside for more than 5 years; 23% have lived in Oceanside between 1 and 5 years
- 57% have an income less than $1100 per month
- 65% rent; 6% own a home with a mortgage; 27% are mortgage free
- 92% access services or programs in Oceanside
  ◦ 69% identified barriers to service

Transportation issues (62%) and distance from services (33%) were the top two reasons that clients were unable to access services as often as they would like; anxiety was identified by 28% of respondents. Under 'other reasons' that clients could not access services, the two main themes that emerged were lack of available information and judgemental or unwelcoming services. When asked what would help clients to attend more often, four reasons were chosen by more than 40%: if they were picked up and taken there (57%), if the services were free (54%), if they went with friends (49%), and if someone invited them (44%).

The three most common forms of transportation currently being used were walking (57%), driving (50%), and rides from friends (29%). Bikes, scooters, buses, and agencies were each used by less than 20% of respondents. 58% identified as living on a bus route, 18% use the bus, and only 12% have a bus pass.

Clients were most interested in attending social events (41%) including evening activities, movies, concerts, and others; they were also interested in participating in exercise opportunities (39%), more often if transportation were not an issue. Other programs that were mentioned frequently were the soup kitchen, food banks, library and Forward House. Transportation during all times of day, including both one way and round trip transportation, was identified as the most useful; 64% were willing to pay for transportation, but the extent of their ability and/or willingness to pay varied from 'it depends' to '$30 per month'.

Five common themes emerged when clients were asked what programs they would like to see expanded or added into the community. Exercise suggestions were the most common and included walking, swimming, various team sports, and martial arts. Food (meals and cooking programs), social outings (movie nights, art exhibits, games, monthly outings), skill development activities (volunteering, education, meditation, computers, photography) and mental health

supports (various support groups and counselling) were all equally mentioned.

In the closing comments, participants consistently asked for help to address transportation and access to information about services and programs.

Summary of Agency Surveys

There were 7 responses to the agency surveys, all of which provide services or programming to clients over 55 years of age; six identified either some or all of these clients as having chronic mental health, physical health or substance use issues (varying from 30% to 100% of clients). The services offered by these agencies include recreation opportunities, employment support, food skills, technology education and support, crisis stabilization housing, homeless outreach, day programs for adults with developmental disabilities, and support groups. The agencies all attempted to address transportation in some way for their clients: arranging carpooling opportunities, providing some individual or group transportation, and/or providing bus tickets or money for gas. All agencies felt that transportation was a barrier to accessing services, either their own or other agencies' programs, and 6 of the 7 identified it as being one of the biggest barriers. Most of the agencies were limited in being able to provide transportation support to clients and were open to trying to address this creatively. Information and awareness of services and programs was considered to be another barrier amongst half of the agencies. Other barriers included isolation (due to distance from services, not having phone or internet, and social anxiety), lack of trust, housing challenges, stigma, loneliness and fear.

All of the agencies were open to working collaboratively, and most had some suggestions. A common suggestion was to work collaboratively to educate the public and the agencies themselves about what services are available and how to access them. Supporting existing inter-agency collaborative teams such as the Oceanside Homelessness Outreach Support Team (HOST) and/or increasing these types of teams was suggested by 4 respondents. Agencies also recommended developing collaborative projects to help establish partnerships and increasing partnerships for programs and grants.

A variety of suggestions addressed services or programs that could be added and/or expanded in District 69. One was bringing Social Development back into the community in some capacity so that clients were not dependent on going to Nanaimo for the intake process. Another was increasing outreach services to reach seniors who are not currently coming in for programs. This might also help with the fear around attending alone for the first few times. One agency suggested looking for ways to bring employment opportunities for older workers into the community. Another suggested providing day trips for people to explore what programs are available here, but which often involve transportation challenges. Another suggestion was providing access to counselling for adults with mental health challenges (longer-term counselling, in addition to crisis counselling which is already available).

Discussion and Recommendations

The research outcomes were very consistent from each of the different methods of data collection including community forums, client surveys, community surveys, agency surveys, and even from preliminary information gathered at the initial information sessions. The target population was adults over 55 years of age with mental health and/or chronic physical health conditions; the majority of participants were from that population group or were caregivers to individuals in that group. This strengthens the integrity of the information pertaining to this population. There were also individuals who either participated in community forums or various surveys who were younger than 55 years of age and had mental health and/or chronic physical health conditions. The barriers these younger individuals were facing seemed to be consistent with the 55+ population, which the researcher believes strengthens the need to address these barriers as it would create a positive effect on the community beyond the target population. While there were many barriers and possible solutions, the same two issues were raised foremost in each research method. The need to address transportation issues and access to information about services and programs were consistently the most strongly emphasized barriers to accessing services.

The issues around transportation prevented people from accessing services they identified as important to their well-being. These included the distance of housing from services (more affordable housing is generally further from services and often outside of existing public transportation routes); no access, or limited access, to public transportation; mobility challenges to access public transportation (if they do live in an area serviced by Public Transit); limited agency transportation for specific programs; and a complete lack of financial support for those willing to carpool or investigate other creative solutions. Overall, transportation seemed to be well recognized as a challenge to the community members, the community agencies, and to the RDN Transportation Services. The researcher recommends that any community groups that are trying to address transportation issues should involve RDN Transportation Services. Their presence at two community forums helped to answer many questions and inform them in their discussions about the challenges of those areas. There is significant need to involve the rural areas in improving access to public transportation options. Subsequent to this research project, a meeting was held in May 2016 between the RDN Directors in District 69 and community agencies to look for creative and collaborative transportation solutions. Through this research, the primary partners believe that the issue of transportation and the need for creative solutions have been highlighted for the individual communities and their decision makers.

From an agency perspective, many clients acknowledged being socially isolated and apprehensive around attending programs (especially trying new ones). Clients emphasized the need for welcoming environments and personal invitations to attend the services and programs. Participants suggested bringing clients to programs on a smaller scale and involving other clients in making them feel welcome and inviting them to return. Clients could potentially be picked up by or with other people attending the same program; this could be reassuring and lead to increased attendance. In the same fashion, knowing that other clients are relying on them to encourage each other to attend may also increase the attendance and feelings of social inclusion, which may build confidence. Perhaps a client-based volunteer driving program with an allowance

for gas/mileage to be reimbursed would also be a good start. One agency suggested that finding work opportunities in businesses that valued older adults would be an asset for both the clients and the community. Further, a collaborative agency initiative which provided pre-screened and trained clients to be drivers may allow for agency vehicles to be used to transport clients.

Another way to address transportation challenges is to find ways to bring services to the outlying communities. The one community which repeatedly requested this was the Bowser/ Lighthouse community. Possibly there is some unused or underused office space which could accommodate various agencies on different days to help coordinate increased services into this area. Working together to use one space would reduce the cost by sharing it amongst the various agencies. It would also provide a centralized place for residents to go to for information (such as a bulletin board with a calendar and information about the services provided). Ensuring that the community was kept informed on when and where services would be and how to access them would also be key points to this working effectively.

The challenges around feeling uninformed about available services fell into two distinct areas: clients themselves feeling uninformed, and the agencies being uninformed on other services and resources available in the community. While information is increasingly available on the internet, it was recognized that many people in this population group either did not have physical access to computers or the skills to effectively navigate the internet. Therefore, it is important to continue to utilize phones and hard-copy methods to share information. Opportunities to support or bring an information phone line with website access to the community would be valuable. Looking for ways to keep the information updated in a timely manner is very important. The newspaper in this community is very well read. It may be worth trying to run a monthly themed advertorial or community calendar to continually update the community on available services. For example, one month may be dementia awareness and services, while another is mental health education and programs. The sponsored advertorial may include an education piece and where to go for different kinds of help (health care, meal delivery, peer support). The financial sponsors could include doctors, home care agencies, care facilities, and meal delivery services.

The other challenge is to find ways to keep the frontline workers of agencies informed on other community services and how to provide appropriate referrals to those agencies. In the past, education events and community agency forums have been well attended and successful at information sharing. These events allow for familiarity and personal connections to be made. To help ensure the greatest attendance, a coordinator should connect with management of the agencies first to see if they have criteria that need to be met for their employees to attend. Offering these events on a regular basis (perhaps 2-3 times per year) could assist in ensuring front-line staff members are well-trained and knowledgeable about community offerings. This may also be a way to bring the newest information on research or best practices to the community workers. Having attendees share success stories of agency collaboration at these events may also serve to increase or identify other opportunities or ways to collaborate.

Additionally, clients themselves are very good at sharing information and understanding how to engage their specific population. Engaging the clients in the preparation and/or through their attendance to share information and real experiences could also benefit the community. It is

another way to ensure that the target population remains front and centre in the planning and development of programs geared especially for them.

While the challenges around transportation and information dissemination have been highlighted as the major barriers in this area, the need for public education around mental health and substance use issues goes hand-in-hand with all of the findings in this research. As people better understand the challenges around these issues, they can support their friends, families, and other community members with compassionate communication and appropriate resources. Public education also helps fight the stigma of mental illness.

Overall, the information collected during this research process seemed to reflect many of the sentiments of clients, agencies and collaborative tables expressed beforehand which prompted the project to take place. The intended population of adults over 55 years old with mental health and/or chronic physical health conditions were strong participants in this project and their voices were heard. Their voices were further echoed by caregivers and even by those under 55 years of age with similar challenges and concerns. It is clear to this researcher that addressing transportation and the information about available services are two key areas to reducing barriers to service in this area.

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