



Esquimalt Age-friendly Assessment

August 2016



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van Hemert & Company

August 1, 2016

1. Objectives & Organization of the Assessment

Esquimalt is already an age-friendly community! It received Age-friendly BC Community (AFBC) recognition from the Province in 2012. An update to the Official Community Plan provided an opportunity to directly engage older adults in the development of specific age-friendly goals, objectives and policies. A grant from the Union of BC Municipalities (UBCM) provided the resources to do so, effectively taking Esquimalt to the next level of an aging-supportive community.

1.1. Objectives

- Specifically encourage the civic participation of seniors in the age-friendly assessment of Esquimalt while also providing input into the review of the Official Community Plan
- Assist the Township of Esquimalt with preparing for an aging population where the number of seniors will double to over 30% of the population
- Plan to create a complete community that offers essential services for seniors to allow residents to age in place
- Design a safe community that helps seniors to enjoy good health
- Develop recommended age-friendly goals, objectives and policies, and include those recommendations for consideration in the review and updating of the Official Community Plan
- Conduct a community driven study that includes consultation and collaboration with organizations providing services to Esquimalt seniors
- Provide a catalyst for future community partnerships to take action in making Esquimalt an age-friendly community

1.2. Organization

This assessment is organized by setting the stage with a demographic profile of current population characteristics and forecasted growth and changes; a health profile featuring relevant social determinants of health; and an assessment of how well Esquimalt is doing within each of the World Health Organization's (WHO) eight age-friendly domains.

Discussion within the domains is generally organized according to the following scheme:

- Domain Description
- Esquimalt Age-friendly Practices
 - Policy, Programs, Facilities, Land Use
- Current Conditions & Challenges
- Best Practice Example
- Recommendation
 - OCP Policy
 - Other Actions

1.3. Terminology

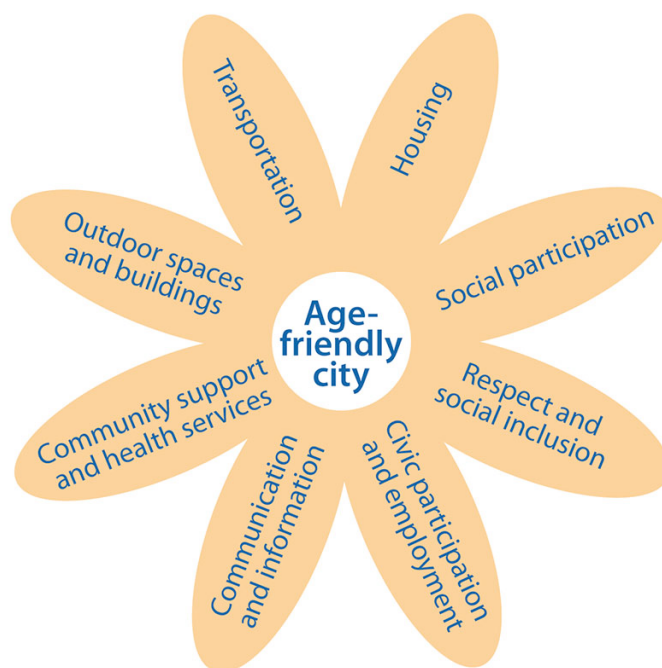
For consistency, the term 'senior' refers to people of 65 years of age and older; 'older adult' refers to everyone 55 years of age and older.

1.4. World Health Organization (WHO) Age-friendly Domains

These themes are described in terms of broad desired outcomes:

1. Outdoor spaces and public buildings are pleasant, clean, secure and physically accessible;
2. Public transportation is accessible and affordable;
3. Housing is affordable, appropriately located, well built, well designed and secure;
4. There are opportunities for seniors to participate in leisure, social, cultural and spiritual activities with people of all ages and cultures;
5. Older people are treated with respect and are included in civic life;
6. There are opportunities for employment and volunteerism that cater to older persons' interests and abilities;
7. Age-friendly communication and information is available; and
8. Community support and health is tailored to older persons' needs.¹

WHO Age-Friendly Themes



¹ World Health Organization. (2007). *Global Age-Friendly Cities: A Guide*. Retrieved May 1, 2016, at http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf.

2. Community Consultation

The assessment is built on a communication and engagement strategy for the community that focused on listening and learning together with partners, stakeholders, and older adult citizens. Several threads of consultation provided a variety of opportunities to engage over the course of several months. Consultation included a community workshop, community survey, focus groups, and individual key informant interviews. All of the information and insights gathered were reviewed, discussed, and prioritized by a team of partner group representatives.

2.1. Partners

Partners engaged in the assessment were the Esquimalt Neighbourhood House, Greater Victoria Housing Society, the Esquimalt 172 Seniors Group, Esquimalt Lions Club, Renaissance Retirement Residences, Esquimalt Branch of the Greater Victoria Public Library, West Bay Residents Association, and the Development Services and Parks & Recreation departments of the Township.

2.2. Community Workshop

A community workshop was hosted on April 28 at the Archie Browning Sports Centre with 50 citizens participating. A round table structured exercise was used to engage participants in discussing the eight age-friendly domains. Conversations were structured around the questions of 'What is it like now?', 'Wow! What could it be like?' and 'How can we get there?' Reporting out by table offered everyone the opportunity to learn about the highlights of all the other table conversations.

2.3. Community Survey

The purpose of the survey was to learn from caregivers, service providers, and citizens age 55+ how well the Township of Esquimalt is perceived in its performance as an age-friendly community. The questionnaire used a mix of 'Likert' style responses (e.g., strongly agree, agree, disagree, strongly disagree), discrete choices, multiple choice options (e.g., top three), open ended responses, and opportunities for specific and general comments.

The survey was open for one month with an online and paper version available. The online version was accessed via the Township's Official Community Plan web page; the paper version was offered at the community workshop, the Municipal Hall, Esquimalt Recreation Centre, the Esquimalt Branch of the Greater Victoria Public Library, and the Esquimalt 172 Seniors Group. To encourage participation the Esquimalt Neighbourhood House and Greater Victoria Housing Society personally provided copies directly to their clients. The survey was also promoted via the Township's newsletter, website, and Facebook page. A poster distributed to community billboards and a press release about the age-friendly project also promoted the survey.

Participation in the survey exceeded expectations: 242 total participants, of which 183 respondents were 55 years or older. Of those who indicated their gender (n=175)², 43% were males and 57% females.

2.4. Focus Groups

In order to delve deeper into particular topics, four focus groups were conducted and organized by 1) caregivers, 2) service providers, 3) older adults age 55–80, and 4) older adults age 80 and older. A total of 23 people participated.

2.5. Key Informant Interviews

Interviews were conducted with seven individuals who had specific information and insight to offer or were not able to participate in any of the other consultation venues.



² 'n' refers to the number of respondents.

3. Demographic Profile

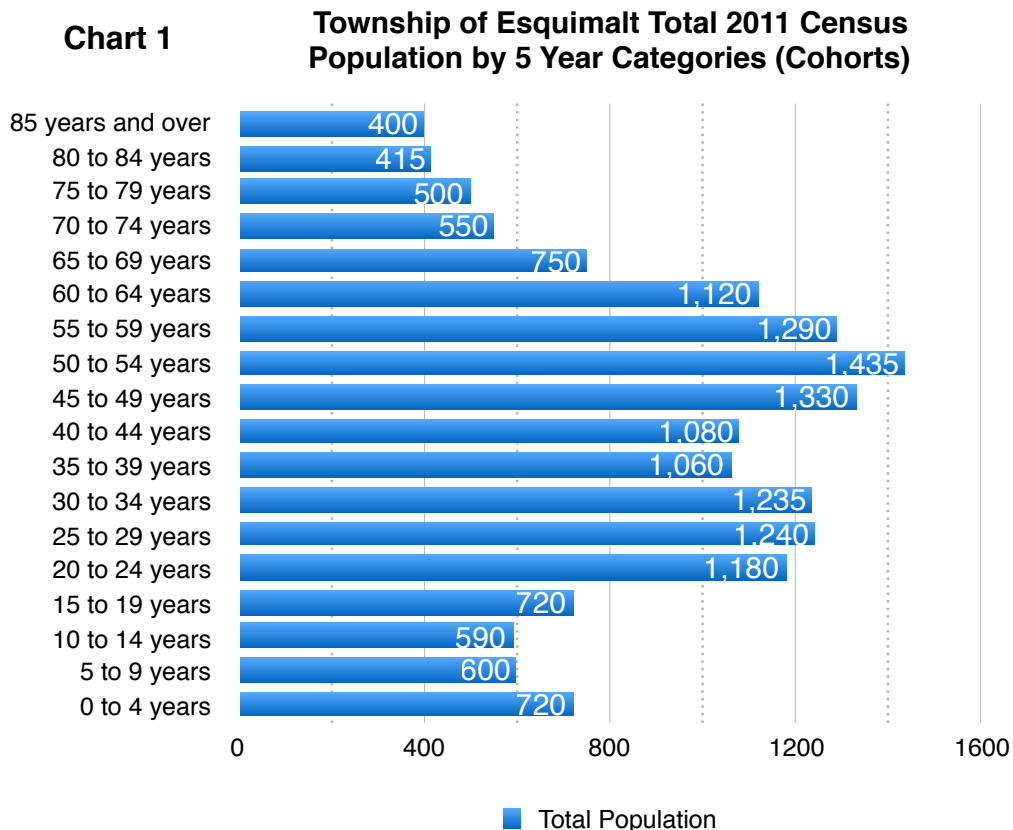
3.1. Current Population Characteristics

The population estimate for Esquimalt is 16,697 in 2015.³

Age Distribution—Population by 5 Year Cohorts

The age distribution of a community impacts the supports and services needed. For example, older adults and young families benefit from age-friendly public spaces, such as well-maintained sidewalks and rest areas. Knowing how a population is expected to change in the upcoming years can help a community plan ahead to meet the changing needs of an aging population.

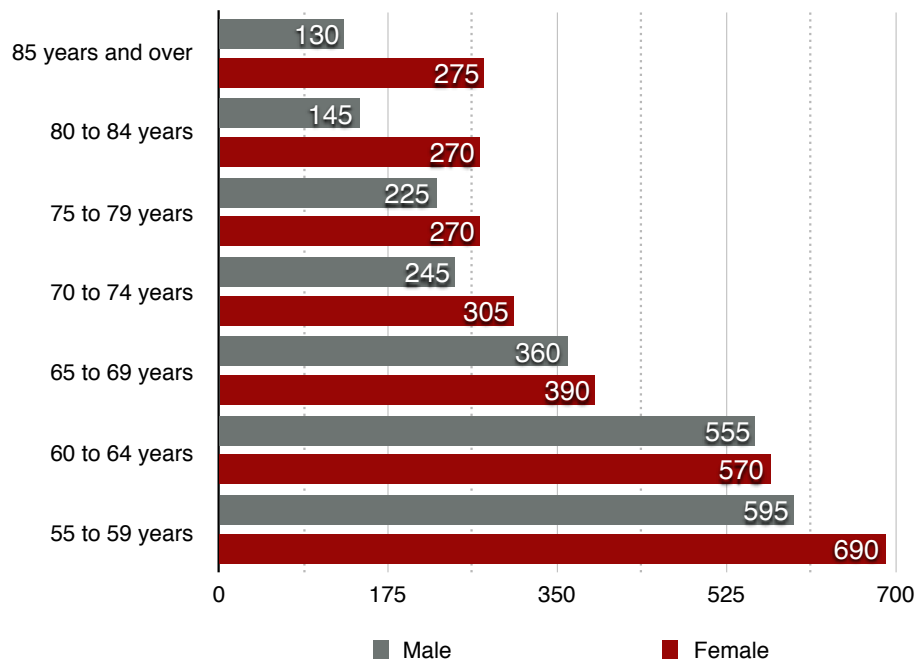
Esquimalt’s age distribution shows part of the ‘baby boom’ bulge in the 50 to 64 year age groups and its echo in the 20–34 year age groups (see Chart 1—Total 2011 Census). Over the age of 55 women outnumber men in every age group, with double the numbers over age 80 (see Chart 2—2011 Census—55+).



Source: Statistics Canada, 2011 Census Profile

³ BC Stats. (2016). *BC Development Region, Regional District and Municipal Population Estimates 2011–2015*.

Chart 2 Township of Esquimalt 2011 Census Population by Male and Female by 5 Year Categories (Cohorts) – Ages 55+



Source: Statistics Canada, 2011 Census

Median Age

The median age of the population of Esquimalt is 43.5. This compares to the BC median age of 41.9—a 2.6 year difference. The median age for males is 41.4; for females 45.5 years. 83% of the population is over age 15.⁴

Population Forecast

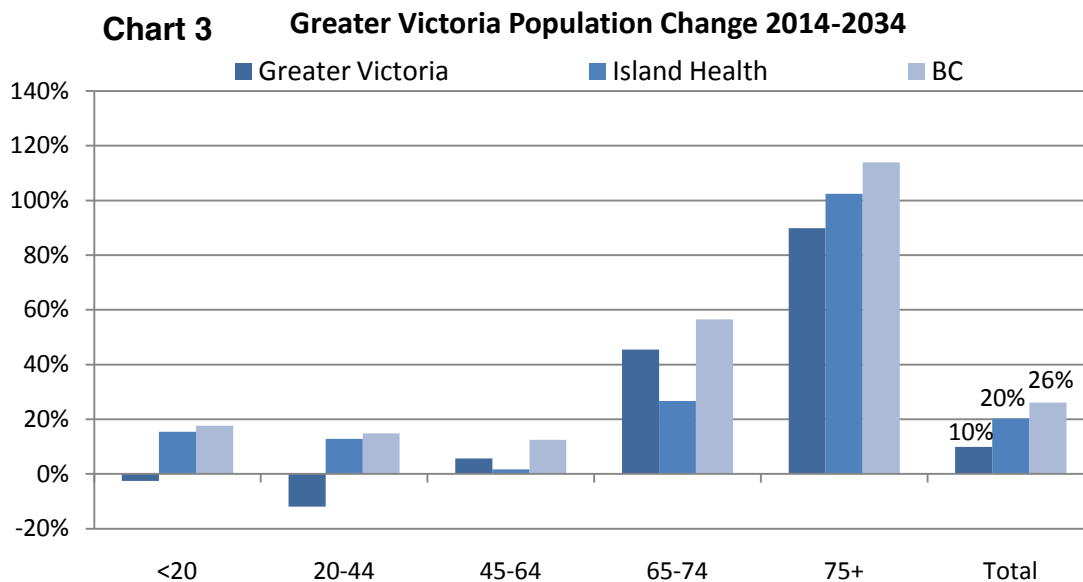
The Capital Regional District’s (CRD) most recent population projection for Esquimalt is 22,671 in the year 2038.⁵

Population forecasts by age group (typically 5 year cohorts) are prepared by BC Stats P.E.O.P.L.E. program to the year 2041. The smallest geographical unit is the Local Health Area. Esquimalt lies within the Greater Victoria LHA (61) which also includes the City of Victoria, District of Oak Bay, a

⁴ Statistics Canada. (2012). *2011 Census*.

⁵ Capital Regional District. *Urban Futures Demographic Report*. Accessed on July 5, 2016 at <https://www.crd.bc.ca/about/data/regional-information/publications>.

portion of the District Municipality of Saanich, and View Royal. The assessment uses forecasts of this LHA as a reasonable proxy for forecasted change in population characteristics, notably age groups above 55 years.

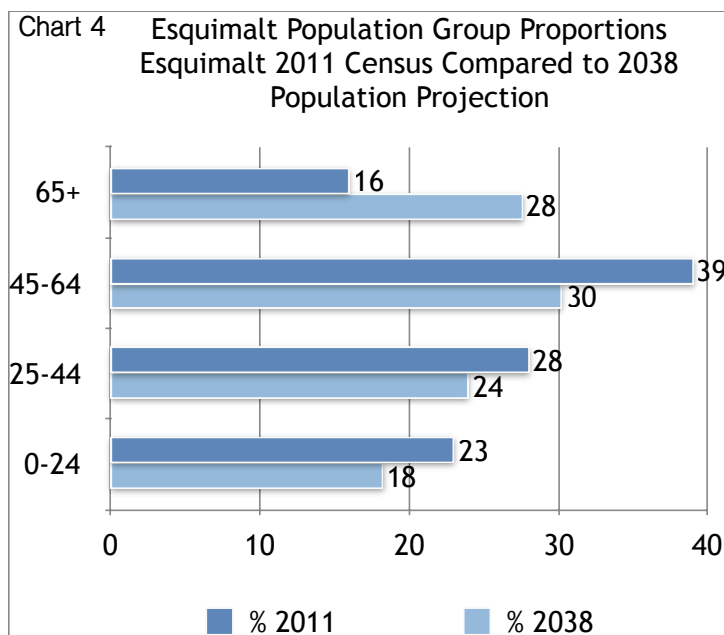


Source: Island Health, 2013 Greater Victoria (61) Local Health Profile.

Within the Greater Victoria LHA, the overall population is expected to increase in 2034 by 10%; however, the population age 20–44 is expected to decrease by 12%, while the population aged 75+ is expected to increase by 90% between 2014 and 2034 ⁶ (see Chart 3—Greater Victoria Population Change).

⁶ BC Statistics. *P.E.O.P.L.E. 2013.* & Island Health. *2013 Greater Victoria (61) Local Health Area Profile.*

Esquimalt will see a similar trend to that of the Greater Victoria LHA: 28% of the population will be over age 65 in 2038,⁷ a change from 16% in 2011. All other age groups will experience a decline in number as well as in proportion (see Chart 4—Esquimalt Population Group Proportions).



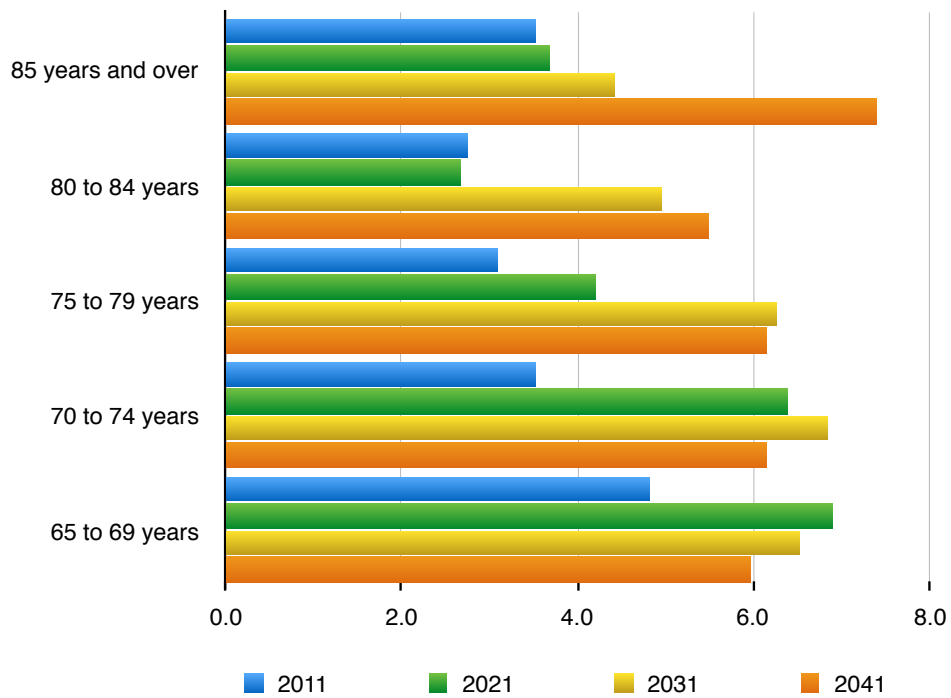
Source: Capital Regional District. *Best Case Scenario Projections 2038*.

⁷ Capital Regional District. *Best Case Scenario Projections 2038*.

3.2. Older Adult and Senior Population change

Population change forecasts by 5 year cohorts between 2011 and 2041 are described and illustrated in Chart 5—Greater Victoria LHA 65+ Population Group Percentages that focus on the population over age 55.⁸ The greatest increases will be in the oldest groups: a doubling of the proportion for 80 to 84 years, and a 110% increase in the proportion of those 85 years and over.

Chart 5 Greater Victoria LHA 65+ Population Group Percentages for 2011, 2021, 2031, & 2041



⁸ BC Statistics. *P.E.O.P.L.E.* 2013.

Charts 6 and 7 highlight the relative proportions of the Greater Victoria LHA populations over 65 years and over 80 years for ten year intervals between 2011 and 2041. We can expect a sizeable increase in the population of 65+ between 2011 and 2021—a change we are currently in the midst of. The proportion of the population over age 80 will remain relatively stable through 2021 and increase rapidly over 20 years, reaching 13% of the total population in 2041.

Chart 6 Gtr Victoria LHA Population 65+ as Proportion of Population (expressed in %)

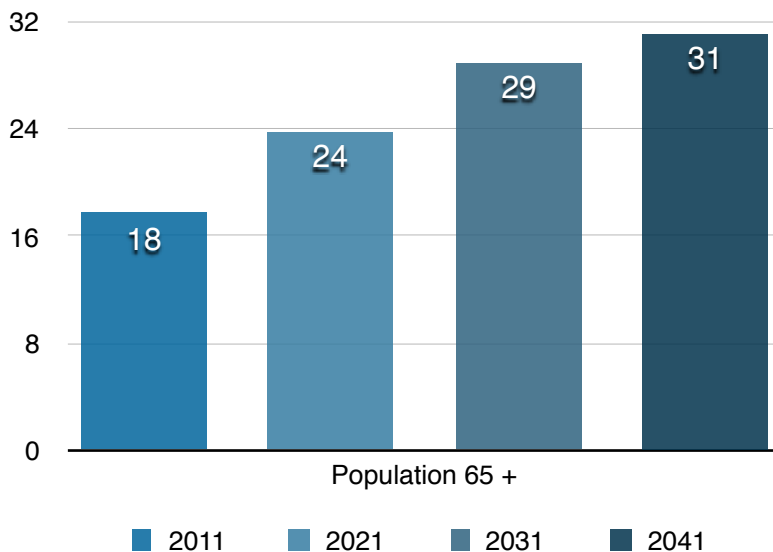
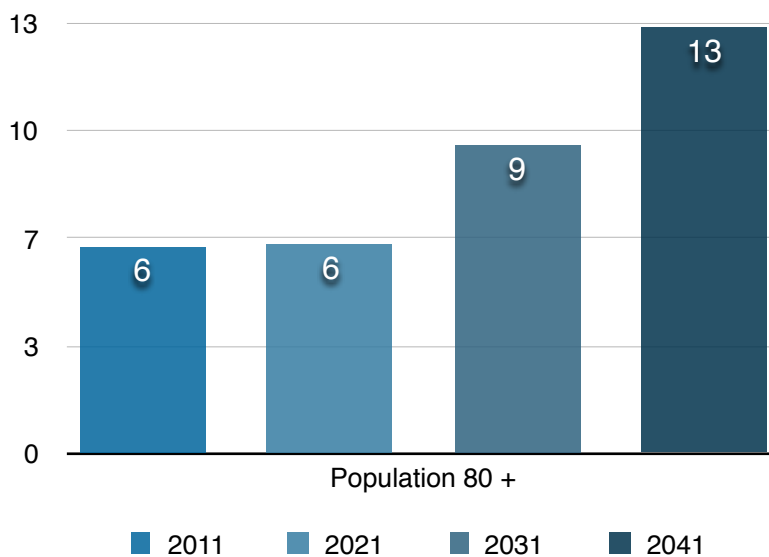


Chart 7 Gtr Victoria LHA Population 80+ as Proportion of Population (expressed in %)



Source for Charts 6 and 7: BC Statistics. *P.E.O.P.L.E 2013*.

4. Health Profile

4.1. Health Status (Selected) ⁹

Life expectancy and chronic disease prevalence are selected to represent the health status of Esquimalt residents. The data is for the Greater Victoria Local Health Area and represents the entire population.

Life Expectancy

Life expectancy at birth is the average number of years a newborn can be expected to live, and is a reliable indicator of overall health for populations. Life expectancy can approximate length of life, but does not account for quality of life, which is influenced by health and well-being. Life expectancy at birth for the period of 2009–2011 is lower for Greater Victoria residents compared to BC—81.7 compared to 82.0. Life expectancy for males in Greater Victoria is 79.2 years and for females 83.8 years.¹⁰

Chronic Disease Prevalence¹¹

Greater Victoria had a higher crude prevalence of depression/anxiety of 28.6%, osteoporosis at 5.3% and dementia at 5.0% compared to BC—24.5%, 4.3% and 3.3% respectively—and Island Health respectively—27.0%, 4.8% and 3.9%.¹² The Greater Victoria LHA is doing better compared to the provincial average for various chronic diseases, with an age-standardized prevalence rate of 4.0% for COPD (chronic obstructive pulmonary disease), compared to BC's rate of 4.8%; diabetes rate of 4.7% compared to BC's rate of 5.4%, heart failure rate of 1% compared to BC's rate of 1.4%; and high blood pressure rate of 17.7% compared to BC's rate of 18%.¹³

4.2. Social Determinants of Health

The social determinants of health influence the health of populations. They include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture.¹⁴

⁹ All data cited in this section is compiled in the *Local Health Area Profile 2013—Greater Victoria*, prepared by Island Health.

¹⁰ BC Stats. (2014). *Life Expectancy: 2007–2011 Average*.

¹¹ This reflects the lifetime prevalence of these diseases in 2011/2012, not the 2011/12 prevalence. If a resident has had one of these diseases in their life it will appear in this data. These rates are not age-standardized.

¹² Island Health. (December 2014). *2013 Local Health Area Profile Greater Victoria (61)*.

¹³ Ibid.

¹⁴ Public Health Agency of Canada. *Canadian Best Practices Portal*. Accessed June 22, 2016, at <http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/>.

Highlighted here are the determinants most relevant to linkages with policy and actions of the Township that will be included in an updated Official Community Plan and partner programs.

The prevalence of low-income among female seniors not in an economic family (typically living alone) in BC is

33.8%

Economic Well-being

Income greatly impacts health by affecting our living conditions (e.g., adequate housing and transportation options), access to healthy choices (e.g., healthy food options and recreational activities), and stress levels. Those with the lowest levels of income experience the poorest health and with each step up in income, health improves. This means all segments of the population experience the effect of income on health, not just those living in poverty.¹⁵

Household Income

The average family income after-tax in 2010 in Esquimalt is \$68,412. This compares to the BC average of \$78,580.¹⁶ The prevalence of low-income for the entire population living in Esquimalt in 2010 based on after-tax low-income measure is 14.5%; this compares to the BC average of 16.4%.¹⁷ Prevalence of low-income in 2010 for the population age 65 and over in Esquimalt is 8.8%; 4.9% for males, 11.5% for females.¹⁸ This data is derived from the National Household Survey Profile which has a non-response rate of 27.8%.

More recent data from the Canada 2014 Income Survey¹⁹ reveals that the prevalence of low-income for all persons in BC is 13.4%, for all seniors 12.7%, for all seniors living in an economic family²⁰ 6.8%, and for all seniors not in an economic family (typically living alone) 29.7%. Female seniors not living in an economic family have a prevalence of low-income of 33.8%. No data is readily available specifically for Esquimalt, but the BC rate is a reasonable proxy for Esquimalt, given that the 2010 National Household Survey revealed a similar low-income prevalence for the entire Esquimalt population with 14.5% compared to BC's 16.4%.

¹⁵ Island Health. *BC Community Health Profile: Esquimalt, 2014*. Page. 3.

¹⁶ Statistics Canada. (2013). *2010 National Household Survey*.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Statistics Canada. (2016). *Canadian Income Survey 2014*.

²⁰ An economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law, adoption or a foster relationship.

The Greater Victoria LHA has a lower percentage of low-income seniors at 11.8% than BC with 13.9%, but a similar percentage to Island Health's 11.1%.²¹

Education

People with higher levels of education tend to be healthier than those with less formal education. Education impacts our job opportunities, working conditions, and income level. In addition, education equips us to better understand our health options and make informed choices about our health.²²

For the population of age 25–64, Esquimalt has higher education levels than BC for college diploma (22.7% compared to BC's 19.9%), trade certification (13.8% compared to BC's 11.3%), and high school diploma (27.3% compared to BC's 25.1%). Esquimalt has a lower education level for university degrees (21.6% compared to BC's 27.3%).²³

Employment

Employment provides income and a sense of security for individuals. Underemployment or unemployment can lead to poorer physical and mental well-being due to reduced income, lack of employment benefits and elevated stress levels. Employment conditions such as workplace safety and hours of work can also impact our health.²⁴

The unemployment rate for Esquimalt in 2011 was 6.7%; which was a lower rate than the BC average of 7.8%.²⁵

Labour participation rates for Greater Victoria in 2015 were 61% for those of age 55–64 and 11.8% for the population 65 and older.²⁶ These statistics suggest that most older adults are continuing to work until age 65 and a relative minority remain in the work force beyond age 65.

Social Support

Social support from family, friends and communities is associated with better health. Having someone to turn to during times of financial or emotional hardship can help alleviate stress, and caring relationships can protect against health problems. Beyond our immediate social support network, our health is also affected by our sense of community support and connectedness.

²¹ Statistics Canada. (2013). *2011 National Household Survey*.

²² Island Health. *Community Health Profile: Esquimalt, 2014*.

²³ Statistics Canada. (2013). *2011 National Household Survey*.

²⁴ Island Health. *Community Health Profile, Esquimalt 2014*.

²⁵ Statistics Canada. (2013). *2011 National Household Survey*.

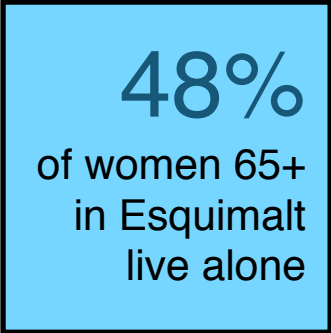
²⁶ Statistics Canada. *Labour Force Survey Estimates (LFS), by census metropolitan area based on 2011 Census boundaries, sex and age group annual, Table 282-0129 1*.

Community connectedness reflects our commitment to shared resources and systems—for example, our community centres and programs, transportation system, and social safety net.²⁷

In 2011–2012, 68.3% of British Columbians (aged 12 and up) reported a somewhat strong or very strong sense of belonging to their local community.²⁸

Number of Seniors Living Alone

The percentage of seniors age 65+ living alone in the Greater Victoria LHA is 35.4%. This compares to 25.7% for BC and 27.6% for Island Health.²⁹ For Esquimalt seniors age 65+ the percentage is greater: 40% live alone; 48% of women; 29% of men.³⁰ The number of seniors living alone is an important statistic because it is one indicator of social isolation, a recognized social determinant of health.



48%
of women 65+
in Esquimalt
live alone

Access to Health Services

Access to health services is essential for maintaining and improving one's health. Health authorities and the Ministry of Health are responsible for providing quality services that meet the health needs of communities by preventing, diagnosing, and treating illnesses.³¹

On a per capita basis, the number of available health practitioners in the Greater Victoria Local Health Area is substantially higher than the BC average:

- Physicians per capita: 182 per 100,000 (BC average is 110)
- Specialists per capita: 174 per 100,000 (BC average is 94)
- Supplementary practitioners per capita: 239 per 100,000 (BC average is 133)³²

²⁷ Statistics Canada. *Labour Force Survey Estimates*.

²⁸ Statistics Canada. (2013). *Canadian Community Health Survey: 2011–2012 cycle*.

²⁹ Island Health. *2013 Local Area Health Profile Greater Victoria*, December 2014. Data compiled is based on Statistics Canada 2011 Census.

³⁰ Statistics Canada. (2012). *2011 Census*.

³¹ Island Health. (2015). *BC Community Health Profile: Esquimalt, 2014*. P. 5.

³² BC Ministry of Health. (2011). *BC health—population, practitioners, services and expenditures by Local Health Area, from MSP: 2009–2010 fiscal year*.

5. Healthy Community

The evidence suggests that it (health care) is not all that important as a determinant of our overall health, compared to broader environmental, social, economic and behavioural factors.

—Dr. Trevor Hancock



A healthy community encompasses physical, mental and social well-being, quality of life and human development; it is as much about a process as it is a status, about becoming as much as being.³³ The health of a community is not just about the health of the people, but about the healthfulness of their environmental, social and economic conditions and of the community, social and political processes that lead to the shaping of those conditions.³⁴ Age-friendly policies and supporting actions contribute to growing a healthy community.

Healthy Built Environment Linkages

Evidence-based and expert-informed linkages³⁵ between the built environment and health are selected and identified here for their relevance to an aging-supportive community.

Planning Principle	Impact	Health Related Outcome (positive effect)
Mixed land use	Physical activity, walking, cycling	Social cohesion, quality of life
Make active transportation convenient and safe	Walkability, transit use, physical activity, safety, cycling	Quality life, mental health, social connectivity
Maximize opportunities to access and engage with the natural environment	Physical activity, walking, cycling	Physiological health, cognitive health, psychological health, social well-being
Increase access to healthy foods in all neighbourhoods	Healthy food retail, healthy food services, affordability of food, food services options	Diet quality, food skills
Prioritize housing for homeless, elderly, low-income groups, and people with disabilities	Housing quality, access to adequate housing, social support network, access to permanent housing, healthcare use	General health, quality of life, mental health

³³ The World Health Organization adopted the definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' in 1948, and it has not been amended since.

³⁴ Canadian Institute of Planners. (2012). *Healthy Communities Practice Guide*. Retrieved from Canadian Institute of Planners website at <https://www.cip-icu.ca>. Page 5.

³⁵ BC Provincial Health Services Authority. (March, 2014). *BC Built Environment Linkages: A Toolkit for Healthy Design, Planning, Health*.

Survey respondents identified the most age-friendly aspects of living in Esquimalt are transportation, built environment and infrastructure, social participation, and housing. Lack of access to health services is one of the least age-friendly aspects.

The following attributes were mentioned frequently in community consultation and across most of the age-friendly themes. A 'word cloud' illustrates the relative frequency these words were expressed.

- Accessible
- Adaptability
- Autonomy
- Collaboration
- Flexibility
- Functionality
- Inclusive
- Intergenerational
- Local
- Respect



6. Built Environment

There should be no reason a disabled person in a wheelchair or scooter or who has a walker should have to get someone to set up the stair lift, or a dumbwaiter, so they can go up and down between floors. Individuals should be independent as much as possible and not reliant on others to help them. And what if there is no one around to help them?

The World Health Organization defines this age-friendly domain as one with a pleasant and clean environment, access to green spaces, places to rest, age-friendly pavements, safe pedestrian crossings, a secure environment, safe and connected walkways and cycle paths, accessible age-friendly buildings, adequate public toilets, and preferential customer service for older customers.³⁶ For the purpose of this assessment, parks, public gathering places, and the diversity and density of the land use pattern is also included in a domain more broadly named 'built environment.'

6.1. Esquimalt Age-friendly Practices

OCP Land Use Pattern Vision

An overall goal of the OCP is ' . . . to work toward a healthy, active and livable community that has adequate, available and accessible greenspace and recreational facilities, a range of transportation choices, quality housing, and medical and educational services.'³⁷ One of the supporting general objectives is 'age diversity and the ability of seniors to age in place'.³⁸

Economic development policy identifies working ' . . . towards creating complete communities for families and seniors, including medical and support services, daycare, an accessible trail system, public transit and recreational opportunities'.³⁹

OCP Outdoor Spaces, Parks Policy

A Blue and Green Community policy seeks to secure additional land and public recreational opportunities as the population increases⁴⁰ and additional sites for neighbourhood parks are

³⁶ World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P.12.

³⁷ Township of Esquimalt. *Esquimalt Official Community Plan. Section 1.8.2 A Healthy Community*. Note that all subsequent references will merely refer to 'Esquimalt OCP' and the relevant section.

³⁸ *Esquimalt OCP*. 3.1 Healthy Community General Objectives.

³⁹ *Esquimalt OCP*. Economic Development policy, S. 8.1.2.

⁴⁰ *Esquimalt OCP*. Section 6 A Blue & Green Community—Parks, Trails and Recreation.

needed in the Parklands and Panhandle residential areas.⁴¹ An adventure park is currently under construction adjacent to the Esquimalt Recreation Centre. It will provide intergenerational play opportunities.

Accessible Public Washrooms

New accessible washroom facilities have recently been installed at the entrance to the West Bay Walkway.

6.2. Existing Built Environment Characteristics

Land Use

Esquimalt is a community with distinctive neighbourhoods, some of them with a historical character dating back to the mid to late nineteenth century. Most neighbourhoods have medium densities, characterized primarily by single and two family homes. Higher densities are found along Esquimalt Road, Admirals Road and the Craigflower Road corridors. The urban core of Esquimalt Village has the broadest range of uses and services and a modest urban density.

Outdoor Spaces

Thirteen percent of Esquimalt's total land area is recreational land, which includes municipal parks, school fields, DND (Department of National Defence) fields, and golf courses. There are 25 Municipal Parks that vary in size from as small as regular residential lot sizes to as large as Esquimalt Gorge Park with approximately 110,000 m² (27 acres). Parkland and playgrounds make up seven percent of the total land base.⁴²

Many parks have age-friendly amenities such as comfortable walking trails, benches, picnic tables, natural areas for nature appreciation, and public washroom facilities.

6.3. Current Conditions & Challenges

Land Use

On matters of density and land use, citizens offered the following observations:

- Lack of local services such as a sit-down family/casual restaurant, medical building, retail shops such hardware store, neighbourhood pub
- Services are particularly lacking in the north end neighbourhoods of Craigflower, Panhandle, Colville Road
- Inadequate affordable meeting space for volunteer community organizations and non-profits

⁴¹ *Esquimalt OCP*. Section 6.1.2.1 Parks Policies, h).

⁴² David Speed. Esquimalt Parks and Recreation Department.(2005).

- Need a place to hang out without the necessity of paying to stay
- Not enough density in the core area

The survey revealed that most neighbourhoods are viewed as walkable and offer older adults over 55 the ability to get around comfortably without the use of a private automobile.

A high percentage of survey respondents agree that they can get around Esquimalt comfortably without the use of a private automobile: 77% in Esquimalt Village, 75% in Saxe Point, 78% in West Bay, and 82% in Rock Heights. Neighbourhoods at the other end of the spectrum with half or less agreeing that they can do so include Parklands at 45%, Panhandle with zero percent, Colville with 50%, and Craigflower with 46%.

Most older adults enjoy easy access to commercial services such as grocery shopping and a pharmacy. Neighbourhoods with the lowest level of access are Parklands, Colville, and Rockheights.

Buildings & Accessibility

In June 2009 the Township of Esquimalt undertook an Accessibility Audit⁴³ to assess the level of accessibility in community facilities. The audit found that in general, the Township does a good job of accessibility and inclusion, provides leadership in community accessibility through supporting the Access Advisory Committee, and improving the accessibility of municipal facilities over time. For several years the Township's Advisory Awareness Committee hosted an annual Access Awareness Day at which it awards 'Gold Star' awards to local businesses and institutions for notable accessibility amenities in their facilities.

Survey respondents noted the following locations, facilities or businesses are not readily accessible to older adults using mobility devices:

- Elevator at the Archie Browning Sports Centre singled out as being in need of improvement to allow operation without assistance
- Health clinic on Esquimalt Road (no automatic door, washrooms not fully handicapped accessible)
- Esquimalt Neighbourhood House
- Royal Canadian Legion
- Retailers that crowd passageways with merchandise (Dollar Store, Shoppers Drug Mart)
- Some older apartment buildings do not have elevators
- Steep hills and lack of sidewalks in areas of Esquimalt

⁴³ Township of Esquimalt. (August 28, 2009). *An Accessibility Audit for the Township of Esquimalt, Social Planning & Research Council of BC.*

Safety & Comfort

A survey conducted by the Victoria Police Department (Esquimalt Branch) in 2015 found that 92% of Esquimalt residents felt safe at home at night (56% very safe, 36% somewhat safe). Of those surveyed, 85% say they feel safe walking in Esquimalt Village; some women expressed concern. The top six concerns were drug activity, break in and entry, speeding, youth violence, adult violence, and property crime. No breakdown was made on specific concerns of seniors.

Accessible Public Washrooms

Many parks have public washrooms open from dawn to dusk. A new washroom was recently constructed at the trail head in West Bay. Citizens consulted suggested there is a lack of access to public washrooms in the northern end of the Township.

6.4. Best Practice Example

Sooke Accessibility Challenge

The District of Sooke hosted an 'Accessibility Challenge' where Municipal Council and municipal staff had an opportunity to travel around the District by wheelchair for a few hours and do every-day activities. Everyone who participated reported that they had a new understanding of what daily life might be like for someone with a physical impairment, and since the event received coverage on the local news station and in the local paper, it raised community awareness of what sorts of accessibility challenges currently exist in the community.

6.5. Recommendation

OCP Policy

Land Use Goal

- Build a complete community⁴⁴ accessible to all with regard to hearing, seeing, and walking

Objectives

- Ensure some public space designated in the plan is available at no charge to community groups
- Attract and support more local business and services, particularly those that are locally owned
- Promote and enable commercial and service uses within walkable distance to all residents
- Increase functionality of existing public spaces
- Maximize density while promoting human-scale building form with maximum heights of five to six stories forming the street wall

44 A 'complete community' is typically described as a place where it is possible to live, work and enjoy daily life within walking distance or a short transit ride from home.

Policies

- Specify commercial and service uses to serve an aging population. Such uses include, for example: retail shops that sell healthy food, clothing and hardware; hotel with restaurant and meeting space amenities; banks, hair stylists and barber shops; 'third places'⁴⁵ such as libraries, coffee shops, neighbourhood pubs and a sit-down family style restaurant; offices for physicians, and medical related services.
- Identify locations for a full service hotel
- Enhance Commercial Area 3—Craigflower Road/Tillicum Road policy (S. 2.3.5) with greater detail on the desired uses and services and a larger geographic footprint which may require re-zoning of areas for commercial uses that are currently residential
- Define specifically what is appropriate or needed in identified commercial nodes
- Promote small scale, locally owned commerce within specified neighbourhood commercial nodes
- Create multi-use functions for facilities such as the lacrosse box and basketball court

Outdoor Spaces & Parks Goal

- Serve, learn and play together

Objective

- Integrate community facilities and programs with seniors, children and youth

Buildings And Accessibility Goal

- Access everywhere for everyone

Objective

- Promote universal design⁴⁶ for all buildings

Safety & Comfort Goal

- Accessible public washrooms are readily available for everyone

Objective

- Establish criteria, analyze gaps in existing facilities, and identify new resting places and public washroom locations

Other Actions

Land Use

- Consider tax breaks for smaller, local businesses
- Create a non-profit or public meeting space for older adults

⁴⁵ A 'third place' is a place other than the primary places of home and work, that serves as a formal or informal social gathering place, such as a coffee shop, pub, library or recreation centre.

⁴⁶ Universal design refers to broad-spectrum ideas meant to produce buildings, products and environments that are inherently accessible to older people, people without disabilities, and people with disabilities

Outdoor Spaces & Parks

- Construct benches in strategic locations along trails and roads to 'fill the gaps' for slow moving people

Buildings & Accessibility

- Revive the Gold Star award program for businesses
- Complete physical accessibility retrofits in municipal facilities starting with high priority and low cost recommendations identified in the Accessibility Audit of 2009: for example, 'high priority' items such as retrofitting washrooms in municipal buildings; and 'low cost' items such as replacing round door knobs with lever style handles
- Encourage partner organizations such as the Esquimalt Neighbourhood House to address accessibility barriers in their facilities

Safety & Comfort

- Construct additional public washrooms in areas that lack them such as the north end of town
- Review street lighting for safety and install additional lighting in areas of deficiency
- Install additional benches for resting along trails and sidewalks in areas that are deficient



7. Mobility & Transportation

*I haven't owned a car for more than 20 years.
I manage without driving.*

The World Health Organization describes age-friendly public transport as readily available, affordable, reliable, provides priority seating, sufficiently frequent, uses courteous drivers, safe and comfortable, provides sheltered and well-lit transport stops and stations, reaches all desired travel destinations, has age-friendly vehicles, provides specialized transport services for older people, offers barrier-free taxis, and provides for convenient and accessible information. Age-friendly driving conditions address signage, lighting, and safety for older drivers, and priority vehicle parking with disabled and age-friendly design features.⁴⁷ For the purpose of this assessment, safe mobility for pedestrians, cyclists and scooter users is also considered.

7.1. Esquimalt Age-friendly Practices

OCP Policy

The Township's Pedestrian Charter,⁴⁸ emphasizes the importance of sidewalks for mobility of all ages and defines pedestrians as people moving either by foot or using an assistive mobility device. The charter's strategic principles include increased inclusive mobility regardless of age, well designed and managed places for people, improved integration of transportation networks, and supportive land-use and spatial planning.

The OCP transportation policies are set in the context of a connected community:

- promoting the safe use of the road network by pedestrians and bicyclists;
- providing convenient routing for transit service;
- taking into account pedestrian and cyclist needs in designing road improvements;
- supporting enhancement of bus transportation, improved bus shelter program, mini-bus service to areas with a high proportion of seniors;
- committing to improvements of existing sidewalks, street furniture, crosswalks and other street amenities to make walking a safer choice for people of all ages and abilities; and

⁴⁷ World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P. 20-27.

⁴⁸ Township of Esquimalt. (approved by Council April 2, 2007). *The Esquimalt Pedestrian Charter*. The Charter was created by the Esquimalt Environmental Advisory Committee. The charter is incorporated as an appendix in the OCP.

- setting a policy that residents should be able to walk safely to commercial areas within 10 minutes.⁴⁹

Programs

The Township's Sidewalk Master Plan provides for at least one sidewalk along all streets, prioritizes sidewalks along arterial streets, and emphasizes installation of accessibility ramps at street crossings. It is being implemented with an annual capital budget line item or grant funding of \$15,000–\$40,000 since 2007 for new sidewalk construction, \$10,000 annually for the repair and new construction of sidewalk accessibility ramps (2–4 per year), and new sidewalks for major street reconstruction projects such as Craigflower in 2009. The Township has an ongoing maintenance budget of \$20,000–\$30,000 annually for sidewalk widening along arterial streets, repairs of holes, cracks and abrupt edges, and replacing aging sidewalks replaced.⁵⁰

Cycling Facilities

Esquimalt has a network of bicycle lanes along major routes. New bicycle lanes on Admirals Road are particularly noteworthy for their ample width and good quality signage and lane markings.

Public Transit

Esquimalt is served by BC Transit with one frequent service route (#14 running along Craigflower) with service 15 minutes or better between 7 a.m. and 7 p.m., a regional route (#15 running along Esquimalt Road) with 15–60 minute service with limited stops, and several local routes with 20–120 minute service (routes #24, 25, and 26).⁵¹

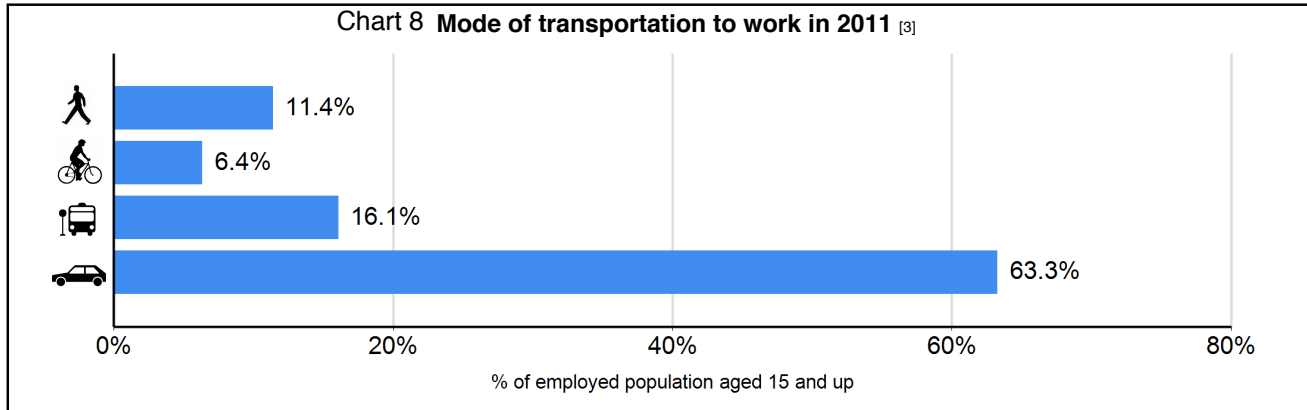
⁴⁹ *Esquimalt OCP*. Introduction to Section 4 —A Connected Community—Transportation.

⁵⁰ Telephone interview with Will Wieler, Engineer Manager, March 18, 2016.

⁵¹ BC Transit. *Regional Map of Greater Victoria, Schedules and Maps, Victoria Regional Transit System*. Accessed July 3, 2016, on the BC Transit website at <http://bctransit.com/victoria/schedules-and-maps>.

7.2. Current Conditions & Challenges

Mode Of Transportation



The mode of transportation to work in 2011⁵² is 63.3% by private vehicle, 16.1% by bus, 11.4% walking, and 6.4% cycling (see Chart 8). These percentages for active modes of transportation (transit, walking and cycling) exceed most communities in BC and Canada.

As a percentage of *all trips* made in Esquimalt, walking is particularly noteworthy at 33%. The average for the core area is 7%.⁵³

Many citizens noted that the hill or 'hump' running east-west across the center of Esquimalt creates an accessibility barrier for travelling between the predominantly residential north and the south where most commercial and other services are located.

33%
of all trips taken
within Esquimalt
are on foot

Sidewalks & Trails

A 77% majority of survey respondents age 55+ agreed that safe and comfortable sidewalks and trails are available where they want to go. Those who disagreed were given the opportunity to specifically identify sidewalk or trail locations that were not safe or comfortable. The 56 comments provided (the most for any question) fall into the following categories:

- Missing sidewalks along routes to important destinations

⁵² Statistics Canada. (2013). *2011 National Household Survey*.

⁵³ Capital Regional District. *2011 CRD Origin-Destination Household Travel Survey*.

- Sidewalks on only one side of the street
- Obstacles in sidewalks such as telephone poles or shrubbery
- Sidewalk unevenness and poor repair
- Sidewalks too narrow to accommodate scooters
- Sidewalk geometry across driveways a problem
- Unsafe feeling next to busy road traffic

Specific locations of deficiencies were noted and these have been provided to the Township for reference.

Citizens who were consulted also noted the following barriers:

- Not enough places to relax along travelling routes
- Poor access for wheelchairs to Saxe Point and Macaulay Point
- Lack of paved walkways at Macaulay Point Park and DND (Department of National Defence) land
- Trails not wide enough

Signage & Traffic Controls

Signage and traffic controls barriers include:

- Crosswalk crossing times inadequate which makes one fearful and also embarrassed for imposing upon the driver
- People need education about signaling at a crosswalk their desire to cross the street with a raised hand, can use signage of 'look and point'
- Not enough delay for pedestrian activated signals at crosswalks

A traffic control review⁵⁴ observed or recommended the following:

- Posted signage, with maximum speeds ranging from 25 to 50 km/h, which generally matches closely with the speed zones of Esquimalt's Streets and Traffic Bylaw⁵⁵
- 22 crosswalks identified needing adjustment
- Apply consistent flashing durations for pedestrian-activated flashing beacon crosswalks
- Further study recommended to ensure that design, phasing and timing of traffic signals and pedestrian flashing beacons are consistently applied

The study did not address crossing times, signage suitable for aging population.

⁵⁴Traffic Control Review Township of Esquimalt , August 14, 2015.

⁵⁵ Esquimalt Street and Traffic Bylaw No. 2607, Part 13.

Cycling & Scooters

For those 55+ 46% agreed that it is easy to get around in Esquimalt with a mobility device; 12% disagreed and 42% didn't know. More men agreed (55%) than women (33%). Survey respondents also noted:

- More safe cycling facilities are needed for older population
- Some trails not suitable for cyclists and walkers, need more width
- Scooters on Craigflower go on the road, even against traffic, due in part to the fact that hydro poles are obstructions in the sidewalk
- Bicycle lanes are too narrow

Public Transit

Public transit received a very high number of comments in the community workshop and partners meetings, including the following specifics:

- Public transit has a lower than desirable frequency of bus service
- The cost of bus passes is too high
- There is a significant disparity between the cost of subsidized and regular fares
- Lack of direct bus route to the Royal Jubilee Hospital
- HandyDart reservation and wait times are too long
- Access to ride services for those with mobility devices (e.g. taxi) is limited

The Future Transit Plan for Greater Victoria identifies four corridors in Esquimalt that fall within the Frequent Transit Network (FTN).⁵⁶ These are Esquimalt Road, Lampson Street, Admirals Road, and Craigflower Road. FTN service provides medium to high density mixed land use corridors with a convenient, reliable and frequent (15 minutes or better between 7:00 a.m. and 10:00 p.m.) transit service seven days a week. The goal of the FTN is to allow customers to spontaneously travel without having to consult a transit schedule.

Taxi Service

Yellow Cab of Victoria, Blue Bird Taxi, and Saanich Esquimalt Taxi offer special-needs wheelchair accessible vans. Victoria Taxi requires 24 hour notice for wheelchair service.

Parking

Street parking duration was identified as a barrier: for example, one hour parking may not be long enough for an elderly or disabled person.

⁵⁶ BC Transit. (May, 2011). *Transit Future Plan: Victoria Region*.

7.3. Best Practice Example

Senior Cyclist Program

The City of Portland, Oregon offers an older adult three-wheeled bicycle program. The class is designed to answer questions and concerns about cycling and to encourage new cyclists and people who have not cycled for a long time to use the bicycle for short errands and exercise.⁵⁷

7.4. Recommendation

OCP Policy

Overall Vision

Everyone can get around safely and conveniently without a car. The walking environment is comprehensive, safe, and convenient. Transit fares are affordable for all, high frequency bus service to downtown Victoria is in place, HandyDart service is more convenient and reliable, and there is full access to ride services for those with mobility devices.

Goals

- Safe pedestrian movement is a priority for all street design, management, and maintenance
- Streets are complete by design, considering pedestrians and all wheeled vehicles

Objectives

- Establish suitable sidewalk standards and network policy by fully incorporating the principles of the Pedestrian Charter (moving from an appendix status)
- Create a cycling network that is safe and suitable for older adults
- Create a safe and convenient pedestrian environment including crossings and supporting amenities such as washrooms and benches

Policies

- Review existing and design new sidewalks, crossings, and signal timing with regard to slow moving people
- Increase the annual capital budget for sidewalk repair and construction
- Identify priority areas for sidewalk construction or renovation: e.g. transit stops, recreation centre, other major destination; some important areas are without sidewalks
- Adopt the principles of Crime Prevention Through Environmental Design (CPTED) which addresses matters such as adequate lighting in public environments
- Review and adopt cycling infrastructure policy and standards for an older population

Transit Goal

- No one left behind without a ride

⁵⁷ Details about the program are available at <https://www.portlandoregon.gov/transportation/article/155167> visited July 5, 2016.

Transit Objective

- Partner with BC Transit to create a 'well served' transit community in which all citizens are within a half kilometer walking distance from bus service with maximum 15 minute service intervals and direct bus route options to Victoria General and Royal Jubilee Hospitals

Other Actions

- Require embedded signal lights in the roadway for crosswalks for new development
- Review option for local trolley service to augment other forms of transit, thereby improving accessibility for residents living in the north to services available in the south
- Provide 'elderly' sign for cars so that people can have extra time in a parking space on or off street
- Review on-street parking duration times for older adults and the option of pay parking for high use areas
- Consider parking spaces reserved for elderly who are not disabled

BC Transit Specific Action Requests

- Encourage BC Transit to reduce the gap between subsidized and non-subsidized fares
- Encourage BC Transit to provide better bus service from Craigflower Road to the Esquimalt Village
- Construct more bus shelters on Craigflower Road between Admirals and Tillicum Roads, especially the north side of Craigflower for bus to Victoria General Hospital
- Increase service frequency between 2 p.m. and 6 p.m on Esquimalt Road
- Easier access to transit options for people with limited mobility

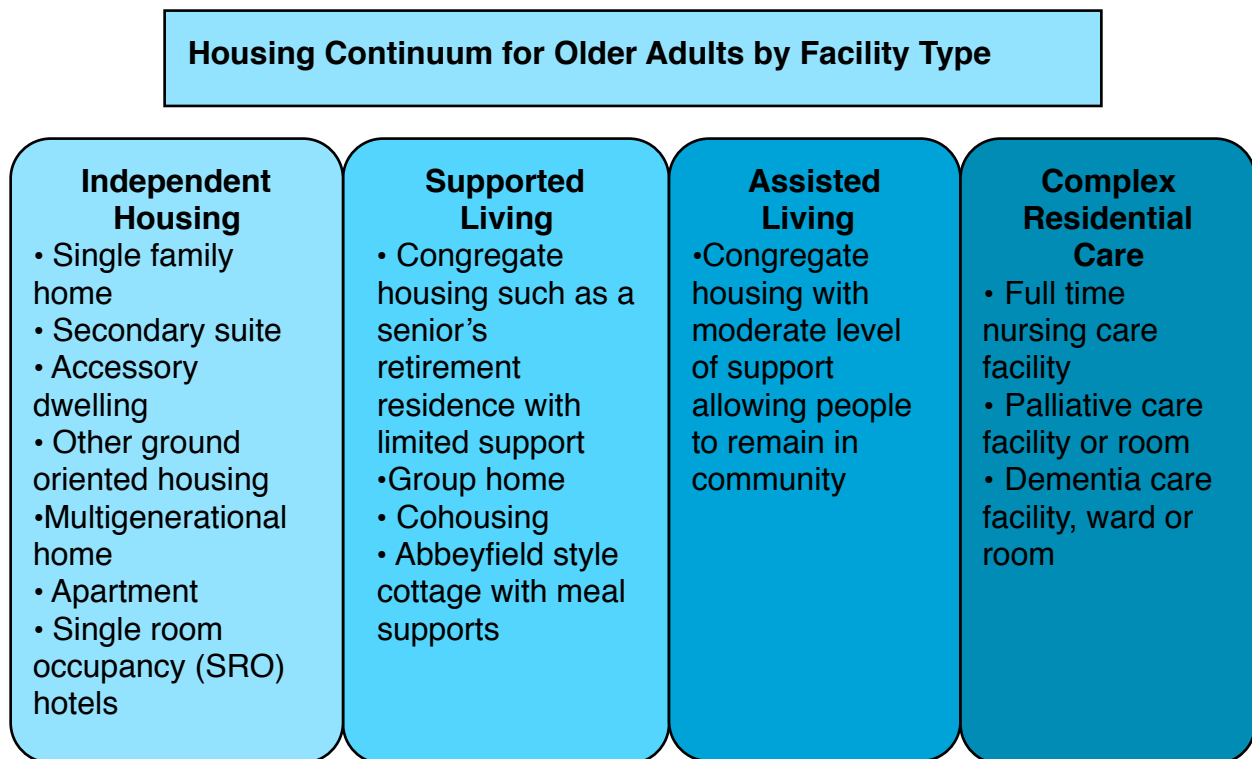
8. Housing

There is an 'addiction' to the nuclear family model for housing and many older adults are socially isolated in their homes.

Housing suitable for an aging population is affordable, located close to services and facilities, provides essential utilities, has barrier free design, is easily adaptable for changing needs, offers communal facilities, includes options for community and intergenerational interaction, includes a range of housing type options, and provides a safe environment.⁵⁸

8.1. Housing Continuum for Older Adults

Terminology for older adult housing varies and the most popular housing continuum models don't adequately distinguish congregate housing types for older adults. For the purposes of the age-friendly plan a modified continuum is offered that distinguishes and defines facility types. The model organizes housing into four types: independent housing, supported living, assisted living, and complex residential care.



⁵⁸ World Health Organization., (2007). *Global Age-friendly Cities: A Guide*., P 30-35.

Housing Continuum Definitions ⁵⁹

Independent Housing

Independent housing is for seniors living independently with no programmed support facilities or services. Housing may be of any type of structure including single family home, secondary suites, accessory dwellings, and all forms of multiple unit buildings.

Supported Living

Supported living is for older adults who need some assistance to continue to live independently. Support services typically includes 24/7 staff support, light housekeeping, meals, and social and recreational activities. Units typically have lockable doors, large communal areas for dining and socializing, and services such as meals and housekeeping.

Abbeyfield Style Supported Living

Abbeyfield style generally means a non-profit home-like setting where 3-10 seniors live together, have their own bed-sitting room with ensuite, and have meals provided. Residents share common spaces and a house coordinator lives on site.

Assisted Living

Assisted living is for seniors who require assistance, but do not need 24-hour institutional care. This is an option to bridge the gap between home care and full time residential care by providing a moderate level of support to maintain independence and allow people to remain in their community. In Assisted Living settings, seniors have their own living unit and receive personal care as well as hospitality services including meals, housekeeping and social/recreational activities. Depending on individual care needs, Assisted Living residents may receive scheduled nursing, therapy and other services. Island Health funds assisted living facilities.

Complex Residential Care

Complex care is for people who require 24-hour supervision, personal nursing care and/or treatment by skilled nursing staff. Complex care is often referred to as extended care, intermediate care, long term care or residential care.

8.2. Esquimalt Age-friendly Practices

OCP Policy

The OCP policy⁶⁰ supports affordable housing provided by the private market, senior levels of government, service clubs, and the non-profit market; encourages partnerships between private, public or non-market housing providers; encourages special needs housing; and sets forth design guidelines for sensitive community integration.

⁵⁹ Housing terms are defined differently for various audiences. These housing continuum definitions are adapted from various sources. The assisted living definition is adapted from Island Health.

⁶⁰ *Esquimalt OCP*. S. 3.3 Housing.

The plan specifically highlights housing 'to age in place' by supporting a range of seniors' housing and innovative care options such as Abbeyfield group housing, assisted living projects, and residential complex care facilities. Policy supports parking relaxations and other development variances for special needs housing.

Secondary suites are supported provided property owners address matters of safety, character, building code and zoning bylaw compliance.

Zoning Bylaw

Secondary dwellings are permitted in most single family residential zones, two family/single family residential zone and multiple family residential zones.

Congregate care residential facilities are permitted in the Multiple Family Residential–Congregate Care (RM–4C and RM–4CP) zone districts. A site specific rezoning to the RM–4C zone is required for a congregate care facility.

Accessory dwellings are not permitted in any zone.

8.3. Programs and Facilities

Greater Victoria Housing Society (GVHS) is a non–profit charitable organization dedicated to providing affordable housing for low to moderate income families, seniors, working singles, and adults with disabilities who live independently. When requested, the Society will identify senior services advocates for their residents. In addition to its eight seniors housing projects in Colwood, Saanich and Victoria, GVHS operates three buildings in Esquimalt described below:

Constance Court is a seniors apartment building built in 1991 with 52 units on six floors. Rents are geared to income.

Esquimalt Lions Lodge is a low–income seniors apartment building built in 1972 it has 77 units on four floors. Rents are pre–set and tenants are selected with an income no higher than \$30,000.

Grafton Lodge is a seniors apartment building with market rents, subsidized rents and 12 assisted living units.

Renaissance Retirement Residence offers 59 suites of supported living in self–contained suites with meal service, housekeeping service, and emergency call service.

Capital Region Housing Corporation (CRHC) is a non–profit provider of over 1,200 affordable rental units in the capital region. CRHC provides low– and moderate–income families with safe, suitable homes which remain affordable as their lives and families change and grow. CRHC also provides

affordable housing for low-income seniors and for people who are on a government disability pension.⁶¹

BC Housing defines its role as assisting British Columbians in greatest need of affordable housing by providing options along the housing continuum. It works in partnership with the private and nonprofit sectors, provincial health authorities and ministries, other levels of government and community groups to develop a range of housing options.⁶² Rent subsidies are available to senior residents who qualify based on need or disability.

8.4. Current Conditions & Challenges

There are 8,040 private dwellings in Esquimalt, of which 48% are ground floor oriented housing, and 52% are apartments (including condominiums).⁶³ The census does not identify secondary suites; most senior oriented facilities in Esquimalt fall into the category of private dwellings.

Current housing type of older adults participating in the survey:

- Ground floor oriented housing: 56%
- Apartment (including condominium) 28%
- Secondary suite 2%
- Segregated seniors housing 3%
- Assisted living 3%
- An accessory dwelling or extended, long term care 0%

45%

of renters are paying more than 30% of their income on shelter costs

Of older adults, 41% anticipate remaining in their own homes with modifications, and 20% anticipate needing assisted living. There is an interest expressed by 16% in multigenerational housing, secondary suites, and accessory dwellings.

Of older adults, 57% agreed that the type of housing they need as they age would be available in Esquimalt; 27% didn't know, and 17% disagreed (see Chart 9).

Esquimalt will need more assisted living facilities and an

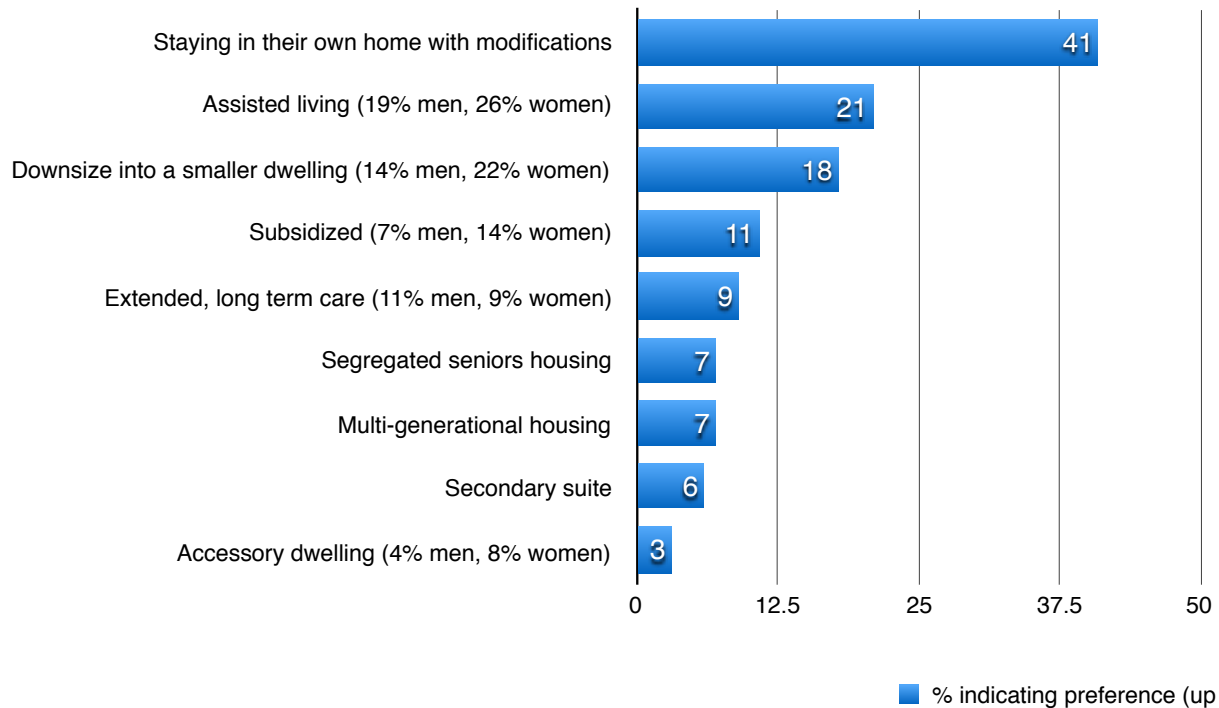
extended long term care (complex care) facility to allow current aging residents to remain in the Township.

⁶¹ Capital Regional District. (2016). Affordable Housing web page. Access at <https://www.crd.bc.ca/about/what-we-do/affordable-housing/capital-region-housing-corporation>

⁶² BC Housing. About us web page. Access at <http://www.bchousing.org/aboutus/activities>.

⁶³ Statistics Canada. (Census 2011.)

Chart 9 Anticipated Housing Type Needed to Age in Esquimalt (Respondents 55+)



In Esquimalt 35% of all households and 45% of renters are paying more than 30% of their income on shelter costs.⁶⁴ This compares to 31% and 47% respectively for the entire Capital Regional District.⁶⁵ In 2010, 31 seniors in Esquimalt were on a waiting list for social housing.⁶⁶

A concern expressed is that older rental buildings may be torn down to make way for condominium developments.

8.5. Best Practice Example

Multigenerational Housing

The commercial builder Lennar in the USA has developed the 'Next Gen' home, with the tag line 'Two homes under one roof'. The homes include two dwellings: the main house and a separate suite with its own entrance, living room, kitchenette, one-car garage, laundry, and private outdoor living space, and optional direct access from the main house depending upon the family's needs.⁶⁷

⁶⁴ Statistics Canada. (2012). *2011 National Household Survey, Census Subdivision Area Profiles*. Data compiled by the Capital Regional District. *Housing Data Book, 2015*.

⁶⁵ Ibid.

⁶⁶ BC Housing. (2011). *Housing Registry Statistics Report (HCSTAT002)*.

⁶⁷ Bradley H Winnick and Martin Jaffe. *Planning Aging-supportive Communities, Planning Advisory Report No. 579*. (Chicago: American Planning Association, 2015) 32.

8.6. Recommendation

OCP Policy

Vision

We have flexible zoning and our homes are adaptable and affordable. Our culture is moving toward an extended family model and multigenerational young families are moving into the area.

Goal

- Housing is suitable, available and affordable for everyone

Objective

- Expand availability of adaptable housing

Adaptable Housing Policies

- Develop adaptable design standards
- Require adaptable design for all dwellings created through rezoning
- Encourage adaptable design for all housing types by offering incentives
- Encourage more housing for people with mobility devices on the ground floor of buildings
- Encourage aging at home support through means such as low or no fee permits for modifications
- Encourage universal design standards for special needs housing
- Encourage adaptable design retrofit of existing apartment units

Objective

- Expand flexible housing options

Flexible Housing Policies

- Support and facilitate development of multigenerational housing, including in multiple unit buildings
- Support a greater number of boarders by increasing the number allowed in the zoning bylaw to three or four
- Promote shared housing to reduce isolation
- Promote modifying homes into smaller units
- Encourage construction of small houses
- Promote micro-lots where appropriate

Objective

- Increase affordability by design and incentive

Affordable Housing Policies

- Reduce off-street parking standards for special needs and seniors housing
- Incentivize the creation of affordable units in market-oriented developments

Objective

- Encourage residential infill and densification

Infill and Densification Policies

- Promote densification through rezoning where appropriate
- Support a reduction or elimination of minimum unit and lot sizes
- Permit and promote garden suites

Objective

- Expand and protect seniors housing

Seniors Housing Policies

- Protect existing rental apartment buildings from being converted to condominiums
- Expand the number of residential zones in which seniors congregate housing is permitted
- Partner with a non-profit housing provider to identify a land for co-op housing development
- Encourage development of more assisted living units
- Facilitate and promote development of a complex care facility within the Township
- Encourage and support Community Care Facilities within detached dwellings in accordance with the Community Care and Assisted Living Act

Other Action

- Host welcome events for multigenerational families

9. Social Participation & Recreation

Activity groups form when someone expresses an interest and is willing to volunteer—for example, euchre, right now there are 40 in the room playing and having a blast.

Age-friendly social participation provides accessible opportunities, affordable activities, a variety of activity opportunities, enjoys encouraged participation to address isolation, and offers activities that integrate generations, cultures and communities.⁶⁸ For this assessment, we distinctly address recreation as an important social participation venue.

9.1. Esquimalt Age-friendly Practices

OCP Policy

Seniors' services policies⁶⁹ recognize a Seniors Activity and Community Centre located within the Esquimalt Recreation Centre that offers a wide variety of programs. The plan encourages a senior-friendly infrastructure and community environment, including medical and support services, an accessible trail system, public transit and recreational opportunities for seniors.

OCP Parks, Trails & Recreation Policy

On a continuing basis, the Township reviews the quantity and breadth of recreation programs being provided by the municipality to ensure they meet the current and emerging needs of Esquimalt residents of all ages and abilities.⁷⁰

Parks & Recreation Policy Strategic Plan 2004

The plan promotes a seniors recreation strategy⁷¹ that uses a community development approach that has strengthened partnerships with citizens and community agencies. The volunteer program has engaged both young people and the growing seniors population.⁷²

The Township is currently implementing a seniors recreation strategy that is holistic, focuses on active living, healthy eating, and positive social and community interaction. It stresses multigenerational linkages and outreach programming.

⁶⁸ World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P.38–43.

⁶⁹ *Esquimalt OCP*. S. 3.7.3.

⁷⁰ *Esquimalt OCP*. Recreation Facilities, S. 6.1.2.3 c).

⁷¹ *Esquimalt Parks and Recreation Strategic Plan 2004*. Initiative 19.

⁷² *Esquimalt Parks and Recreation Strategic Plan 2004*. Initiative 6.

Recreation Programs

The publication *Active Living Guide* for January to June 2016, describes its services as 'affordable programs, activities, and events for all ages'. A wide range of activities are offered for all adults including creative arts, dance, health and wellness, gardening, education, sports—many of which are suitable for older adults. A suite of programs is provided for the 50+ age group that includes education (bridge), social activities (lunches, bus trips), health and wellness (drop in clinics for blood pressure and foot care, gentle yoga, 'Minds in Motion' for people diagnosed with Alzheimers), mobility (walking, weight training, Qui Gong), 'Zoomers' fitness program, and drop-in social programs.

Noteworthy age-friendly features include:

- The Arts and Culture Programmer position devotes 35% time to seniors' programming
- Many programs are Intergenerational, for example at Buccaneers Days where kids serve the seniors, and seniors doing their aqua-size while moms swim with their kids
- Staff roles in the recreation program are theme based rather than age or gender based, an approach that provides access to a broad range of resources in the schools and creative arts community
- Seniors are provided volunteer and leadership opportunities in running classes
- Activity groups form when someone expresses an interest and is willing to volunteer—e.g. game of euchre
- Fees are affordable: seniors can come in either as a drop-in for \$2 or get a monthly seniors membership for \$21; income-based discounts are also available through the 'Leisure Involvement for Everyone' (LIFE) program

Recreation Facilities

- Archie Browning Sports Centre has an ice arena, curling rink, lounge areas, and meeting facilities
- The Esquimalt Recreation Centre has an aquatics centre, weight room, gymnasium, multi-purpose room, seniors lounge and teen centre
- Fraser Street Active Park offers an eight station circuit with a small walking track and green space for stretching

Community Gardens

The Esquimalt Community Gardens, located in Anderson Park, has 24 plots, and is run by the Esquimalt Community Garden Society. They receive financial support from the Township and have a good working relationship with the Parks and Recreation Department. The society also operates gardens at the Esquimalt United Church. The society comprises primarily seniors.

Esquimalt Branch of the Greater Victoria Public Library

The library is intentional about engaging and serving seniors:

- The survey revealed that it is one of the most popular places for seniors
- It offers computer literacy training to seniors and lends computer tablets that allow seniors with low-income to access technology
- It is creating a portfolio that covers seniors services
- The library is becoming more involved in community development and staff note that they can be very flexible
- It functions as a community 'third place' where folks can informally gather and meet



Even though older adults are increasingly accessing new technology for information and communication, technology may be unaffordable for some, underlining the importance of the library's lending role.

Community Map

The Capital Region District (CRD) Community Map is an online resource intended to support the social connectedness of seniors in the Greater Victoria Region. The map identifies places for recreation, life-long learning, volunteering, support groups and social centres.⁷³

Rainbow Kitchen

The Rainbow Kitchen, operating at the United Church, provides more than a free hot lunch every weekday—it also serves as a popular place for social interaction.

9.2. Current Conditions & Challenges

Of survey respondents age 55+, 69% are a member of a voluntary organization or association, such as school groups, church social groups, community centres, ethnic associations, or social, civic or fraternal clubs. Participation frequency is relatively high: 58% participate at least once a week; 25% at least once a month; and 12% at least three or four times per year.

The proportion of survey respondents expressing which facilities are the most important to them were 84% for parks, 79% for the library, and 79% for the recreation centre. The Archie Browning Sports Centre garnered 29% of votes, Royal Canadian Legion 24%, and community gardens 19%. A greater proportion of women (30%) than men (23%) identified the Royal Canadian Legion as an important facility. It is viewed by women as a safe place to be.

Other facilities noted include the United Church, Rainbow Kitchen, Fraternal Order of Eagles; several commercial enterprises were singled out, notably Lyall Street Auto Repair.

We learned from consulted citizens the following insights on social participation:

- Many who live in subsidized housing are using the food banks—while this may hurt dignity, it provides a social opportunity
- The baby boomer generation is not going to be satisfied with the same type of social participation such as bingo
- The range of activities offered to seniors needs to expand to attract participation
- Communication of information about support services is lacking

⁷³ CRD Community Map, <https://maps.crd.bc.ca/Html5Viewer/?viewer=community> accessed July 3, 2016.

9.3. Best Practice Example

The Men's Shed

The modern Men's Shed is an updated version of the shed in the backyard that has long been a part of Australian culture. Men's Sheds are springing up all around Australia. If you looked inside one you might see a number of men restoring furniture, perhaps restoring bicycles for a local school, maybe making Mynah bird traps or fixing lawnmowers. The Australian Men's Shed Association AMSA recognizes as a Men's Shed any community-based, non-profit, non-commercial organization that is accessible to all men and whose primary activity is the provision of a safe and friendly environment where men can work on meaningful projects at their own pace in their own time in the company of other men. A major objective is to advance the well-being and health of their male members.

9.4. Recommendation

OCP Policy

Goal

- Reduce social isolation

Objectives

- Foster an environment congenial to playing, learning and serving together
- Design and promote intergenerational activity in recreation, education, and service activities

Policies

- Encourage affordable social activities by the Township and service providers
- Promote community gardens by offering more space in parks
- Engage in regional initiatives to reduce social isolation
- New facilities are designed as neighbourhood based and multipurpose
- Enhance public gathering spaces by creating more of them, offering greater variety, and providing them to community groups for free or low cost

Other Actions by Partners

- Set up intergenerational activities such as 'adopt a granny' and young people teaching older people

10. Community Support

*If we can get people to their social supports,
we can address the isolation issues.*

The community support domain includes accessible aging-at-home support services for physical, mental and emotional needs, a broad network of community social services.⁷⁴ For the purpose of this assessment, we discuss community support separately from health services. Special attention is paid to the role of caregivers.

10.1. Esquimalt Age-friendly Practices

OCP Policy

The OCP has a goal of enhancing the 'strong sense of community' in Esquimalt.⁷⁵

Programs

Esquimalt Neighbourhood House Society

The Esquimalt Neighbourhood House helps seniors live healthy and active lives, by strengthening their support networks, by offering support to remain self-sufficient and by encouraging involvement within the community. It manages the Better At Home program, which is designed to help seniors continue to live independently in their homes. These non-medical services are offered regardless of income; fees are on an income-based sliding scale. Services include light housekeeping, grocery shopping, transportation, minor home repairs and maintenance, and light yard work. The greatest demand is in the 100% and 70% subsidy categories. Staff work to persuade all people to access the service, regardless of their income. The society's counselling services may also be accessed by seniors.

Armed Forces And Veterans

- The Service Officer for BC Yukon Command offers home support services for current and retired members
- Veterans Affairs assistance will help with various household chores such as home repair
- The veteran's poppy fund allows for lending medical equipment

Elder Friendly Community Network (EFCN)

The EFCN is a regionally based, informal network of for-profit, non-profit, government, individuals, and business organizations which meets once a month. Working with and for seniors is their uniting component.

⁷⁴ World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P. 66-70.

⁷⁵ *Esquimalt OCP*. S. 1.8.3.

Faith Communities

- St. Paul's Church built affordable housing for older adults 55+
- Esquimalt United Church provides links, space for Rainbow Kitchen, and is a very popular gathering place for free meals and social connections

The Residential Solid Waste Assistance Program

This Township program is designed for those with disabilities, and seniors over the age of 80 who have no other resident on their property capable of providing assistance. Those under age 80 years of age must provide an existing Disabled Parking Permit or a note from their doctor to qualify for this service.

The Esquimalt Lions Club

The Lions Club is an active community service group that raises funds for projects such as the new Adventure Park (currently under construction), and serves people, many of whom are seniors, who have a need for hearing aids, eye glasses, wheelchairs, electric scooters, or reading devices for visually challenged individuals.

Seniors Serving Seniors

Seniors Serving Seniors is a volunteer organization promoting quality of life and well-being for seniors in Greater Victoria. They publish a services directory for Greater Victoria with over 500 listings.

Silver Threads Community Seniors Centre

Silver Threads is a non-profit society serving members 55+ in the municipalities of Victoria, Saanich, Esquimalt, Sidney, North Saanich and Central Saanich. The Les Passmore Centre on Hampton Road, near Esquimalt, offers recreation and fitness programs, and provide essential information connections targeting seniors needs.

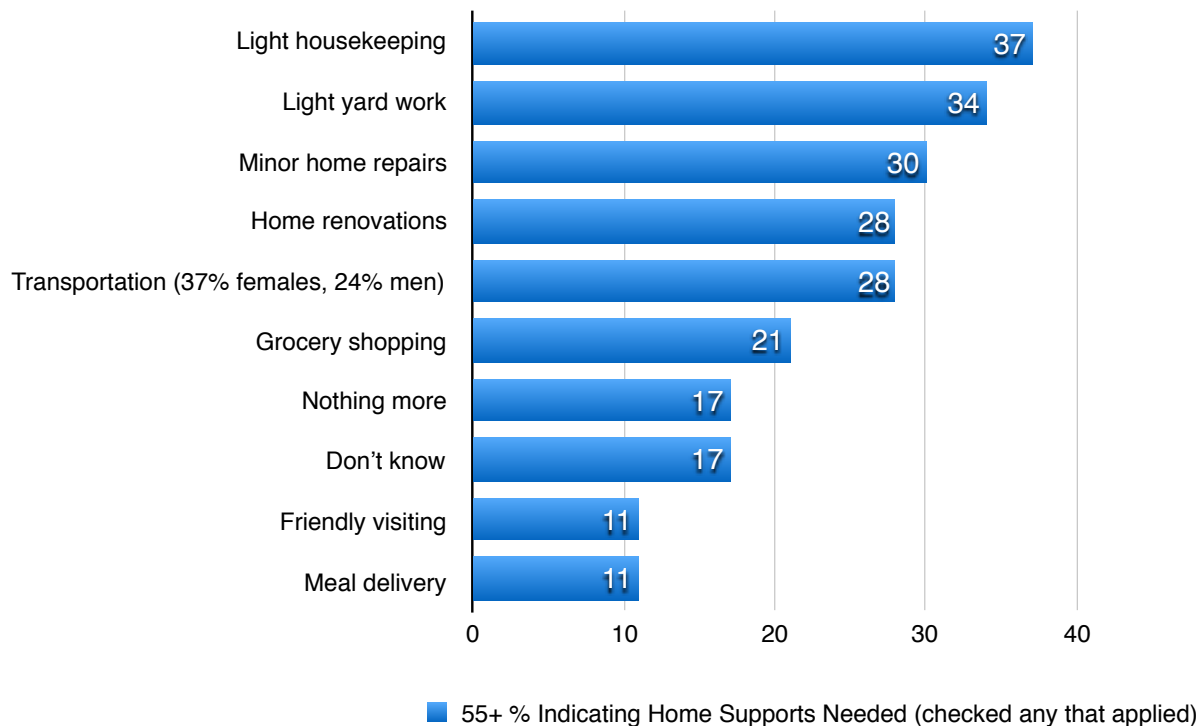
10.2. Current Conditions & Challenges

Awareness

The consultation process highlights the following challenges:

- Major issue is lack of awareness of available support, for both seniors and for their caregivers
- Lack of awareness is exacerbated by isolation as many don't know how to start or where to go
- Financial assistance for non-profits is necessary in order for them to adequately provide awareness services
- Financial security with respect to access to local banks, protection from predatory investment schemes, and adequate information for managing and planning financial assets
- An embarrassment factor for many seniors about asking for help
- A need to de-stigmatize financially assisted help

Chart 10 Supports Needed to Age in Home



Access

Access barriers include:

- Challenges facing women over 80 who need to access services outside their comfort zone
- People relying on clinics rather than doctors, which is sporadic, so no single person who knows what has been prescribed
- 'Bureaucratic off-loading' when a loving family member steps in, the system tends to walk away from providing services
- Service clubs such as Lions and Kiwanis are not attracting new older adults: they still are doing things as they always have
- The Better at Home service program is not reaching enough people

Who Needs Support?

In addition to the more visible needs of seniors who are readily accessing support services, the following also need support:

- Caregivers, whose needs are under-appreciated and not well addressed, and may confront cultural expectations that family caregivers can attend to everything, while challenged with a fragmented family model
- Newcomers who come to retire, but don't have local family and friend networks
- Veterans with PTSD—Post Traumatic Stress Disorder

- People with drug addictions who are aging
- People who are not managing prescriptions well
- Seniors living alone who have no clear case manager or family member advocate

What Supports are Needed to Age at Home

For the 55+ group, taking care of property—home renovation, minor home repairs, and light yard work—comprise a large portion of the anticipated supports. Of women, 37% anticipate needing transportation support; of men, 24% do (see Chart 10). It may be noted that most of these supports are relatively light duty. Other home supports identified include laundry, and specific renovations such as bathing equipment, elevators, and mobility equipment.

A 57% majority of older adults agree that the supports needed to age in their home are readily available. A 20% minority disagreed, and 23% don't know.

10.3. Best Practice Example

Our Cowichan Community Health Network

Our Cowichan Communities Health Network is made up of local health organizations, non-profit societies, volunteer groups and government representatives. Their mandate is to create change by identifying local health issues and bringing together the people and resources best able to develop community-based solutions. The network has done asset mapping, created a comprehensive health profile, conducted community consultations, and currently produces a weekly newsletter and facilitates a meeting with partners every two months.

10.4. Recommendation

OCP Policy

New Social Well-being Vision

We have full access to information and resources. Social settings for community events are fully inclusive for all ages. Health care workers are valued and well paid. All programs are inclusive.

Goals

- Reduce isolation of seniors
- Protect financial health of seniors

Objectives

- Support community collective initiatives to advance home support
- Secure more local financial institutions within the Township

Policies

- Explore municipal assistance such as a tax break to make home modifications to help in aging

- Lobby higher levels of government to address issues such as caregiving, and supports through vehicles such as UBCM
- Conduct crime prevention workshops for seniors by the Victoria Police (Esquimalt Division)

Actions by Partners

- Launch a senior's coalition for Esquimalt, similar to the Elder Friendly Community Network
- Expand awareness of the Better at Home service for the intermediate, healthier seniors
- Encourage more subsidized or publicly funded facilities such as the Renaissance Retirement Residence
- Promote good accessible services regardless of income
- Encourage a locally grown home delivered meals program
- Create a local senior's advocate role as a dedicated position or shared function
- Provide assessments for folks who need caregiving
- Design an innovation to support people who are between fully able and those not able at all
- De-stigmatize financial assistance
- Develop and offer supports for caregivers: resources, mental health counselling, information about where to go for services, mechanical equipment



11. Health Services

Decentralize VIHA (Island Health) to localize services.

This domain is described as providing for an accessible and wide range of health care services, including those provided by physicians, nurses, and community health workers, and other health care specialists.⁷⁶ For the purpose of this assessment health services is addressed separately from community support.

11.1. Esquimalt Age-friendly Practices

OCP Policy

Encourage health services and wellness-related businesses to locate in Esquimalt Village.⁷⁷

Programs & Facilities

Island Health Home & Community Health

Island Health offers a wide range of home health services to support living at home.⁷⁸ Fees are income-based. Notable services include:

- Choice in Supports for Independent Living (CSIL)
- Convalescent care
- Equipment and supplies
- Home care nursing
- Home health monitoring
- Home support, which is care provided in the home by Community Health Workers who help with things like medications, bathing and dressing for eligible clients
- Hospice palliative and end-of-life care
- Physiotherapy and occupational therapy
- Respite care
- Seniors at Risk Integrated Health Network (SARIN)
- Social work

Public Health Clinic

Island Health operates a public health clinic on Fraser Street in Esquimalt Village. The facility also serves as a satellite of the home support services for people enrolled in a home support program.

⁷⁶ World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P. 66–70.

⁷⁷ *Esquimalt OCP*. S. 3.7.1.

⁷⁸ Island Health. *Home Support Services*. Web page accessed on June 30, 2016 at http://www.viha.ca/hcc/services/home_support.htm.

Medical Clinic

A medical clinic on Esquimalt Road offers drop in medical services, including urgent care, immunizations, preventative health care and minor surgical procedures.

Physicians

Although several physicians practice within Esquimalt, the community members note difficulty in finding a family doctor who practices in town.

Education

Island Health offers Advance Care Planning sessions at the Esquimalt Recreation Centre.

11.2. Current Conditions & Challenges

Citizens observed that the ambulance and paramedics are excellent. Health services provided by Island Health feel distant and bureaucratic; family doctors are not available in town and there are excessive clinic waits.

The College of Family Physicians of Canada identifies the ideal number of family physicians to serve a given population at one per 2,200.⁷⁹ Esquimalt, with a population of approximately 16,700, would ideally host seven to eight family physicians.

A gap in locally available specialized health services for seniors is evident in terms of facilities, services and physicians.

11.3. Best Practice Example

Community Health Centres (CHC) are an innovative and optimal model of primary health care for all British Columbia residents. CHCs are particularly effective at meeting the complex needs of individuals, families and communities that face greater-than-average barriers to health.⁸⁰

Oceanside Health Centre

The Oceanside Health Centre in Parksville offers urgent care, medical imaging, outpatient laboratory services, 'Telehealth' videoconferencing technology, integrated community care teams for home care nursing and home support, and specialty services for seniors over age 65 needing specialized assessment and or treatment related to complex health conditions and illnesses. The

⁷⁹ College of Family Physicians of Canada. (September 2012). *Final Panel Size Best Advice*. Accessed on June 25 at http://www.cfpc.ca/uploadedFiles/Health_Policy/_PDFs/Final%20June%209%2011%20Final%20Panel%20Size%20Best%20Advice.pdf. The number is based on a physician providing 20 visits per day, 220 days per year, and his or her patient population averages two visits per patient per year.

⁸⁰ BC Federation of Community Health Centres. Information web page accessed June 25, 2016, at <http://www.bcfchc.ca/>.

Centre is a 'one-stop shop' for medical services and uses a multi-disciplinary team approach, which is particularly beneficial for seniors.

11.4. Recommendation

OCP Policy

Vision

We have locally accessible health care and services without excessive wait times. There is an adequate number of nurses and general practitioner family doctors in town. Seniors have greater autonomy in their decision making about health care.

New Social Well-being Section

Goal

- Increase accessibility to health care services within Esquimalt

Objectives

- Advocate for and partner with community groups and neighbouring communities to secure a community health centre in Esquimalt
- Encourage and provide for local medical services (general practitioner doctors and nurses) within commercial/service nodes

Policies

- Ensure sufficient medical office zoning is in place in commercial/service nodes
- Partner with Island Health to attract family doctors and nurse practitioners to practice in Esquimalt

Other Actions by Partners

- Engage with the Songhees First Nation regarding participation in their new Health and Wellness Centre
- Provide education about the BC Pharmacare program which provides prescription medication, subsidized based on income
- Invite Island Health to participate in a public presentation on how to access home care services

12. Respect and Civic Participation

*Once a person reaches a certain age... this particular age may fit into a box.
I do not want to be put into that box—I will just climb out of it.
Most of us are very capable of staying engaged in our community in some way ...I can continue to live my life my way as part of a whole community and not just within the confines of a certain demographic.*

The age-friendly characteristics of this domain include respectful behaviour toward older adults, addressing ageist biases, intergenerational interaction, participation in community civic life, and abuse free inclusion in family and community.⁸¹

12.1. Esquimalt Age-friendly Practices

OCP Policy

The OCP vision statement includes the phrase: 'we encourage meaningful community participation and consultation to provide open and responsible decision-making'.

12.2. Programs

Esquimalt actively seeks to engage older adults in civic life and in the crafting of public policy, such as the process of updating the Official Community Plan.

12.3. Current Conditions & Challenges

The conversations with the community provided the following insights:

- Culturally there is a lack of respect for and acceptance of older adults
- Ageism is evident: important to understand that everyone is an individual
- There is a lack of respect for caregivers by their employers: e.g. getting time off, paying for caregiving

The 71% majority of older adults find that they have enough say in local government decisions that affect their life. Those who disagreed suggested the following:

- Better listening by local government
- More influence through a referendum or open forums before decisions are made
- Make decisions and get results
- Better communication about opportunities to participate
- Greater participation by more residents to produce better outcomes

⁸¹ World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P. 45–50, 55.

12.4. Best Practice Example

Office of the Seniors Advocate British Columbia

The office monitors and analyzes seniors' services and issues in BC and makes recommendations to government and service providers to address systemic issues. The OSA was established in 2014 and is the first office of its kind in Canada. Anyone may contact the office with concerns and questions.

12.5. Recommendation

OCP Policy

Goal

- Older adults are celebrated and recognized for their contributions to the community

Objectives

- Older adults of all ages and gender are fully engaged in community life
- Township planning consultation includes all ages

Policy

- Use inclusive language in policy and regulation
- Foster awareness of ageism



- Eliminate ageism, either explicit or implicit, in policy and regulatory language
- Specify how older adults can most effectively participate

Other Actions by the Township & Partners

The community conversations highlighted a number of ways that greater respect and civic participation can be afforded:

- Better pay for caregivers
- Increase funding for public caregiving sector
- Lobby for more time off to care for older adults
- Make it easy to participate in all civic activities
- Educate people on ageism and how to avoid it

*I have lived in Esquimalt for 26 years.
I find it friendly, helpful, very convenient to everything.*

13. Employment and Volunteer Opportunities

*Sometimes I feel left out.
I am 'retired' but I am looking for work or volunteer work
to fill my time and help me return to being 'really useful'.*

An age-friendly community offers paid employment and volunteer opportunities, flexibility to accommodate older workers and volunteers, training, entrepreneurial opportunities, and values older people's contributions.⁸²

13.1. Esquimalt Age-friendly Practices

OCP Policy

The Township supports the implementation of 'A Framework for Employment and Economic Development in Esquimalt'.⁸³ Replacing this framework and further advancing the economic development policy, the Township approved an updated Economic Development Strategy in 2014.

Program

The Esquimalt Recreation Centre engages seniors as volunteers and provides part-time employment for those leading programs.

13.2. Current Conditions & Challenges

For older adults of 65 years and above, 42% agreed, and 33% disagreed that adequate full-or part-time employment opportunities are available to them. For the age group 55-64, 31% of males and 25% of females did not agree that adequate full-or part-time employment opportunities are available.

The employment status for those 55+:

- 73% retired
- 15% employed full time (men 19%, women 13%)
- 4% employed part time (same for women and men)
- 1% unemployed, looking for work

Attracting volunteers to serve in programs is seen as a big challenge.

⁸² World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P. 51-57.

⁸³ *Esquimalt OCP*, Economic Development, S. 8.1.2.

13.3. Best Practice Example

Elder Service Corps (Calgary)

This program helps older adults turn their life experience into community and social impact. Elder Service Corps is a unique 32-week program for adults age 65+ looking to use their life skills and experience, in a structured and productive program or activity.

13.4. Recommendation

OCP Policy

Social Well-being Goal

- Specifically identify the employment interests of older adults as a strategic interest in creating a complete community

Objective

- Promote employment and volunteer inclusion in the work place

Other Actions for Partners

- Match seniors with young people, for example, mentoring by seniors, and teaching by youth
- Employ senior community ambassadors
- Encourage seniors to volunteer through Volunteer Victoria or Seniors Serving Seniors



14. Communication and Information

*Thank you all for your amazing work and leadership.
It's an honour to be able to call this amazing community my home.*

The characteristics of this domain include widespread distribution, correct information at the right time, word of mouth communication, age-friendly formats and design for visual and auditory communication, and tailored training for using information technology.⁸⁴

14.1. Esquimalt Age-friendly Practices

OCP Policy

The OCP has policy to provide readily available information via the municipality's web page on topics of community issues, municipal zoning, municipal documents and maps, community events, and Council's activities and public meetings.⁸⁵

Programs

The Township has a recently updated website with regular news updates, a Twitter feed, opt-in email news updates, a monthly newsletter, and a Facebook page. News releases to the media are regularly released about important events.

14.2. Current Conditions & Challenges

A 74% majority of survey respondents agreed that the Township provides information in an easy to use form. Those who disagreed suggested the following:

- Weekly or monthly emails
- Mail-outs with property tax statements
- Use of the telephone as an option instead of filling out forms
- Printed, hard copy information
- Community billboards
- Summaries of decisions and minutes

Workshop participants suggested a communication strategy suited to older adults that includes the following:

- Organized senior network
- Use of telephone, land lines

⁸⁴ World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. P.45-50, 55.

⁸⁵ *Esquimalt OCP*, Public Accountability, S. 3.7.7.

- Local newspaper
- Face-to-face communication
- CHEK TV
- Bulletin boards
- Mail-outs

14.3. Best Practice Examples

811 Health Link BC

8-1-1 is a free-of-charge provincial health information and advice phone line available in British Columbia. The 8-1-1 phone line is operated by HealthLink BC, which is part of the Ministry of Health. By calling 8-1-1, one can speak to a health services navigator, who can help one find health information and services; or connect a person directly with a registered nurse, a registered dietitian or a pharmacist. Any one of these healthcare professionals will help people get the information needed to manage health concerns.

14.4. Recommendation

OCP Policy

Use clear language in crafting policy and publish the OCP in a variety of media formats to ensure accessibility by seniors and disabled people.

Other Actions by Township & Partners

- Make assistance readily available to older adults for filling out forms, and a 'live person' option on telephone calls
- Ensure the usability of information materials, for example, recognize the particular difficulty for those over age 75 who can't make the leap to modern social media
- Promote digital literacy and provide links to health services
- Promote awareness of 811 Health Information and Advice phone line

15. Additional Policy Recommendations

Two additional recommendations are offered with respect to policy in support of an aging supportive community. These policies, one overarching and one specific, don't fit neatly into any one of the age-friendly domains.

15.1.General

Vision Statement

A revised vision statement for the OCP should include a commitment to an accessible and inclusive community.

15.2.Emergency Planning

Emergency planning policy was not addressed in the assessment, but it is relevant to an aging population. Where appropriate, the OCP and other relevant policy documents should clearly extend the emergency planning processes to include people with disabilities and older people.

16. Acknowledgements

Partners

Partner organizations and their representatives met four times to review data collected, review the draft survey and assessment, and to offer their insights.

- Esquimalt 172 Seniors Group (meets at the Royal Canadian Legion—Esquimalt Dockyards Branch 172), Anna Appleby and Shirley Nasheim
- Esquimalt Branch, Greater Victoria Public Library, Joy Huebert, Emilia Penkova and Scott Munro, Librarians
- Esquimalt Lions, Peter Pfann
- Esquimalt Neighbourhood House, Mary Lynn McKenna, Executive Director
- Greater Victoria Housing Society, Yvonne Blair, Manager of Tenant Relations
- Renaissance Retirement Residences, Darvin Miller
- West Bay Residents Association, Carole Witter, President

Focus Group Participants

Service Providers

- Beacon Community Services Home Support Program, Carin Plischke, VP Home Support & Residential Care
- Greater Victoria Housing Society, Yvonne Blair, Manager of Tenant Relations
- Township of Esquimalt, Lynda Hundelby, Councillor
- Island Mental Health, Darlene Arsenault, Program Coordinator for 65+ cognitive therapy
- Capital Regional District, Shannon Clarke, MPH, Healthy Communities Planner, Health & Capital Planning Strategies
- Capital Regional District Housing Corporation, Janice Webster
- Esquimalt Branch, Greater Victoria Public Library, Joy Huebert

Caregivers

- Brenda Macevicius, counsellor, Esquimalt Neighbourhood House
- Beth Burton-Krahn, Township of Esquimalt Councillor
- Bruce Devitt, caregiver, retired, long time resident
- Lorne Argyle, caregiver

Third Age—55-80 Years Old

- Emmy Labonte
- Doris Zettler
- Bryan Mee
- Robin Mee
- Roy Leaman
- Sachi Tamura
- Terry Hopkins

- Bill Emery
- Gerry Webb
- David Schinbein

Fourth Age—80 Years Plus

- John Noyes
- Dino Fioran

Key Informant Interviewees

- Mary Lynn McKenna, Executive Director, Esquimalt Neighbourhood House
- Gillian Rowan, Arts & Culture Programmer, Township of Esquimalt
- Carin Plischke, VP Home Support & Residential Care, Beacon Community Services Home Support Program
- Bill Brown, Director of Development Services, Township of Esquimalt
- Darvin Miller, Manager, Renaissance Retirement Residences
- Leslie Barker, Manager Esquimalt Westshore Sooke Integrated Health Services, Island Health
- Jade Yehia, Regional Built Environment Consultant, Island Health

Township of Esquimalt

- Beth Burton-Krahn, Councillor
- Susan Low, Councillor
- Bill Brown, Director of Development Services
- Marlene Lagoa, Community Development Coordinator
- Christina Moog, Recreation Coordinator
- Gillian Rowan, Arts & Culture Programmer

Consultants

- James van Hemert, Owner, van Hemert and Co.
- Dr. Trevor Hancock, University of Victoria

17. Appendices

The appendices are available online via the hot linked title provided below, or by typing the URL into an Internet browser.

A. [Community Workshop Summary and Highlights](#)

www.esquimalt.ca/sites/default/files/docs/business-development/appendix_a_age-friendly_community_workshop_summary_and_highlights.pdf

B. [Community Survey Questions](#)

www.esquimalt.ca/sites/default/files/docs/business-development/appendix_b_age-friendly_community_survey_questions.pdf

C. [Community Survey Results-All Ages](#)

www.esquimalt.ca/sites/default/files/docs/business-development/appendix_c_age-friendly_community_survey_results_all_ages.pdf

D. [Community Survey Results: Ages 55+ with Gender Comparison](#)

www.esquimalt.ca/sites/default/files/docs/business-development/appendix_d_age-friendly_community_survey_results_ages_55_with_gender_comparison.pdf

E. [Community Survey Results: Consolidated Comments for All Ages](#)

www.esquimalt.ca/sites/default/files/docs/business-development/appendix_e_age-friendly_consolidated_comments_for_all_ages.pdf

F. [Focus Groups Consolidated Notes](#)

www.esquimalt.ca/sites/default/files/docs/business-development/appendix_f_age-friendly_focus_group_consolidated_notes.pdf