



JEWISH FEDERATION
GREATER VANCOUVER

Because We Care: Enhancing Programs
and Services for Frail and Socially Isolated
Seniors in the Jewish Community

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“Because we care”: Enhancing Programs and Services for Frail and Socially Isolated Seniors in the Jewish Community

“Mipinei sayvah takum, v’hadarta pnai zaken – you shall rise before the elderly and show respect for the old...” (Leviticus 19:32)

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Executive Summary

Introduction

Our community is growing and becoming increasingly dispersed. Currently, 15% of our community is over the age of 65. By 2021, it is projected that Jewish seniors over the age of 65 will constitute 25% of our community, with almost half of that group in the 75 years and older category (Statistics Canada, 2001). Approximately 40% of Jewish seniors live in the City of Vancouver, followed by 25% who reside in Richmond, and 22% who reside on the North Shore. The remaining 13% of Jewish seniors live in other communities throughout the Lower Mainland (Statistics Canada, 2001). With a significant number of baby boomers on the cusp of retirement on one end of the demographic continuum, and a growing number of aging seniors with complex health and social needs on the other, our community needs to find cost-effective and innovative ways to meet the program and service needs of these diverse groups. Other factors – such as the almost 19% of Jewish seniors who live below the poverty line, the over 50% of elderly women who live alone (Statistics Canada, 2001), the growing number of adult children who are either unable or geographically unavailable to advocate for their elderly parents, and recent reports that the prevalence of dementia in BC will more than double over a 30-year period (*Rising Tide: Impact of Dementia on Canadian Society*, 2010) – all point to the necessity of having a comprehensive community plan to care for our frail and socially isolated seniors, which can enable them to live at home with independence and dignity as long as possible.

In 2009, the Jewish Federation of Greater Vancouver (JFGV) held a planning think tank, from which emerged the need to learn more about the supports needed to enable socially isolated and frail Jewish seniors to age in place with dignity. In response, the Federation conducted a research project (June – October 2010) to identify current needs and gaps in programs and services for frail and/or socially isolated Jewish seniors, and to highlight some innovative program models and initiatives to meet these needs.

Detail and Discussion

Interviews were conducted with 20 Jewish seniors, six family member caregivers, and 15 service providers in the Jewish and broader communities. Two focus groups were held, and a literature review of emerging trends in seniors' programming was undertaken. Five key needs or themes emerged: the need for affordable transportation, affordable home

support, better access to programs and services, increased social contact, and improved information dissemination.

Although this was a relatively small sample group, the same themes have been identified in other research projects on aging that have been conducted in the broader community and in discussions with experts working with Jewish seniors across North America.

The report highlights the needs of seniors and family members interviewed for this study, along with specific recommendations made by service providers and advisory committee members, in relation to potential new programs and partnerships to address identified gaps.

Affordable transportation was identified as a key priority by the seniors, family members, and Jewish community service providers. In particular, affordable transportation is required to get to and from community events and programs, appointments and shopping, and to carry out chores.

Affordable home support was also a high priority among all groups interviewed and identified as essential to maintaining independence and remaining safely at home. Accompaniment for such things as grocery shopping, errands, appointments and outings was the most commonly expressed home support need, followed by in-home support for housework, meal preparation, home maintenance/repairs and companionship. Assistance with personal care, along with other health-related support, was identified by some family members and service providers, but not seniors by themselves.

Access to programs and services, especially for seniors living outside of Vancouver, was raised by seniors, family members and service providers. The location and cost of programs were emphasized as barriers to participation. In particular, the need to expand programs and services to regions outside of Vancouver was discussed.

Increased social contact was expressed as a primary need by almost half of the seniors interviewed, and was reinforced by service providers. Some seniors expressed a desire for more informal opportunities to get together with other seniors and socialize, while others were more interested in benefiting from a “friendly visitor” with whom they could establish an ongoing relationship within their homes.

Improved dissemination of information about available programs and services was cited by both the seniors and family members. This concern was clarified by service

providers, who suggested that the underlying issue was fragmented information sources and the lack of a central location that seniors and family could access to find out about needed programs and services.

Conclusion:

While many of the needs that have been identified in this report require the involvement of professionals, one of the most poignant needs identified was for “friendly visitors” to address the loneliness and social isolation that many seniors feel, regardless of whether they are frail or not. Informal networks of support are required to help maintain seniors’ sense of connection and value to the community. These are best provided through a well-coordinated volunteer program sustained by newly retired and/or younger active seniors, and supported by the many organizations in the community that could provide or are already providing some programming for seniors.

The findings of this report strengthen previous research in this area in moving beyond the perceptions of service providers to include the voices of seniors themselves. As more than half of the seniors interviewed expressed a desire to be supported within the Jewish community, creating opportunities to meet their needs within the community is of importance. This report provides recommendations for the direction of seniors’ services in the community, some of which can be implemented quite quickly and others that may require further considerations and funding to be put into action.

Introduction

Our community is growing and becoming increasingly dispersed. Currently, 15% of our community is over the age of 65. By 2021, it is projected that Jewish seniors over the age of 65 will constitute 25% of our community, with almost half of that group in the 75 years and older category (Statistics Canada, 2001). Approximately 40% of Jewish seniors live in the City of Vancouver, followed by 25% who reside in Richmond, and 22% who reside on the North Shore. The remaining 13% of Jewish seniors live in other communities throughout the Lower Mainland (Statistics Canada). With a significant number of baby boomers on the cusp of retirement on one end of the demographic continuum, and a growing number of aging seniors with complex health and social needs on the other end of the continuum, our community needs to find cost-effective and innovative ways to meet the program and service needs of these diverse groups. Other factors – such as the almost 19% of Jewish seniors who live below the poverty line, the over 50% of elderly women who live alone (Statistics Canada, 2001), the growing number of adult children who are geographically unavailable to advocate for their elderly parents, and recent reports indicating that the prevalence of dementia will more than double in BC over a 30-year period (*Rising Tide: Impact of Dementia on Canadian Society*, 2010) – all point to the necessity of having an updated and comprehensive community plan in place to care for our frail and socially isolated seniors.

In 2009, the Jewish Federation of Greater Vancouver (JFGV) held a planning think tank to identify new and emerging issues in the areas of programs and services for Jewish seniors. One of the key themes emerging from this think tank was the need to create a comprehensive plan to enable seniors to “age in place” and to enhance the support currently available for frail Jewish seniors. As a follow-up to the think tank, JFGV received funding through the Canada Summer Works program to hire a social work student to work with us to take a deeper look at the needs of frail and isolated seniors and to examine some program models and initiatives currently in place across North America to address similar issues. An advisory committee, chaired by a member of the JFGV planning council and populated by representatives of the key organizations working with seniors in our community, was struck to guide the research and have input into the final recommendations.

The report’s findings build on the priorities established during a 2003 strategic planning session, which was conducted by JFGV in partnership with many of the agencies that are part of the current process.

Purpose of the Study

The purpose of the study was to document current needs and corresponding gaps in programs and services for frail and socially isolated seniors and to identify potential program models and partnerships to address the gaps and enhance the services currently available to frail or isolated seniors living in the Lower Mainland.

Literature Review

The literature review focused on three key topics: aging in place, integrated service and program delivery, and innovative models to support frail seniors.

“Aging in place” is defined in the literature as a framework for program and service delivery that recognizes that seniors wish to remain living in the community for as long as possible. This framework assumes the availability of adequate supports and services, allowing seniors to live with independence, health and dignity in their homes (Institute for Life Course and Aging, 2007). Aging in place requires that communities adapt to the changing needs of seniors and their families (Special Senate Committee on Aging, 2009). The provision of health and social services in the home and community can enable seniors to age in their place of choice and to avoid or delay more costly institutionalization and hospital stays (Hebert, 2002).

In 2009, the government of British Columbia released *Seniors in British Columbia: A Healthy Living Framework*, outlining the province’s action plan to support seniors in living healthy, active, independent lives. Developing age-friendly communities is identified as one of the most effective strategies in promoting healthy and active aging (Ministry of Healthy Living and Sports, 2009). Drawing from the World Health Organization (WHO) 2007 report, *Age-Friendly Cities: A Guide*, requirements for an age-friendly community include: outdoor spaces and buildings, public transportation, housing, social participation, social inclusion, employment and civic participation, communication and information, and support and health services.

United Way of the Lower Mainland has identified seniors as one of the three priority areas of investment and action, emphasizing the promotion of independence and community engagement through the funding of preventative services and community-based home supports (United Way of the Lower Mainland, 2008-b). Similarly, the Premier’s Council on Aging and Seniors’ Issues, in their 2006 report, *Aging Well in British*

Columbia, emphasized the need for more available and affordable home support. Much of the care and support that seniors receive at home is provided informally by family and friends, but it must be supplemented by formal support in order for seniors to remain in their homes (Special Senate Committee on Aging, 2009). Research has shown that the likelihood and the perception of seniors' ability to live independently in the community is significantly impacted by the proximity and density of health and social services (Institute for Life Course and Aging, 2007).

The health and social services systems are complex and can be difficult to navigate; providing services that are integrated and coordinated allows for a smooth transition in meeting the changing needs of individuals (Special Senate Committee on Aging, 2009). In reviewing the literature from the last 15 years, there is a definite shift away from individual service delivery and a move toward integrated service delivery. The literature describes integrated service delivery as: "A discrete set of techniques and organizational models designed to create connectivity, alignment and collaboration within and between the cure and care sectors at the funding, administrative and/or provider levels" (Hebert et al., 2003, p2). Typically, there is a single point of entry, on-the-spot case management services and access to a wide range of social and health support services without being referred on. (MacAdam, 2008). Programs are being designed to redirect care away from costly institutional services, such as long-term care facilities and hospitals, to support aging in place (MacAdam, 2008). There are several integrated service models: **linkage** – whereby organizations facilitate referral or collaboration, or **coordination** – in which organizations maintain their own structure but participate in an 'umbrella' or hub system (i.e., PRISMA) (Hebert et al., 2003), or **full integration** – where an existing or newly formed organization is responsible for all services, either under one structure or by contracting some services with other organizations (i.e., SIPA, CHOICE). See Appendix A for SIPA, CHOICE and PRISMA program descriptions.

Seniors requiring support and services across various settings and providers can receive that care through a well-coordinated care system or a fully integrated system. Enhancing the integration of support services improves accessibility, quality of care, and financial stability (MacAdam, 2008). This model also makes effective use of limited resources to meet the changing needs of a rapidly growing population, and can enable seniors with complex needs to remain in the community for as long as possible.

Methods

Information was gathered primarily through two sources: telephone and face-to-face interviews. These interviews were conducted over a four-month period, from June to September 2010, with Jewish seniors, family members and caregivers, and with service providers in the Jewish community and in the general community. As well, interviews were conducted with a selected group of service providers in other jurisdictions. In addition to these individual interviews, two focus groups were held to elicit further input from Jewish seniors.

Research Participants

1) Seniors

A cross-sectional sample of seniors – varying in age, income level, marital status, living arrangements, and country of origin – was intentionally selected from a list of names provided by community service providers. Forty names were provided of seniors who fit within the terms of reference for this research, and 37 were contacted. Of this group, six declined due to lack of interest, two declined for health reasons, and nine did not participate due to scheduling difficulties. A total of 20 seniors (four men and 16 women) were interviewed. Among the seniors interviewed, there were four individuals aged 65 to 74, six aged 75 to 84, and seven individuals were aged 85 and over (three participants did not provide their age). Participants' place of origin ranged from various regions of Canada and the US to Europe and South Africa. Participants were in a variety of living arrangements: 11 were living alone, five were living with their spouse, one was with family members, and one was living at home with a full-time caregiver. Nine participants owned their homes, five were renters, one senior lived in the home of an adult child, and four did not provide this information. There was a range in the income levels of participants: four reported income below \$15,000, five reported income in the \$15,000 to \$25,000 range, five reported income in the \$25,000 to \$40,000 range and two had an income of over \$40,000. Four participants were not willing to provide this information. See Appendix B for the complete list of interviewees.

2) Focus Groups

Two focus groups were conducted. The first involved members of the Jewish Community Centre of Greater Vancouver (JCCGV) Seniors Advisory Committee. Nine seniors (three men and six women) participated. The second focus group involved participants

attending a therapeutic lunch program at the Temple Sholom synagogue. Twenty-eight seniors participated: nine men and 19 women. All focus group participants were asked five questions that were selected from the full-length survey.

3) Family Members

Nine family members who were either the primary caregivers or involved in the care of a senior family member were recommended for interviews. Seven family members (one man and six women) were interviewed. Of those interviewed, four were spouses and three were adult children. One family member did not fit the criteria of the target population.

4) Service Providers

Service providers in both the Jewish and broader communities were contacted via e-mail requesting their participation. Follow-up e-mails and telephone calls were made over the course of the research period. Within the Jewish community, 20 service providers were contacted – two declined, four did not respond, and one did not participate due to a scheduling difficulty. Thirteen service providers in the Jewish community were interviewed. Within the broader community, 13 service providers were contacted – six did not respond, one declined, one did not participate because of health reasons, and five participated. Service providers in other North American Jewish communities were also contacted to discuss program and service models, partnerships and funding sources. These service providers were selected based on innovative or unconventional approaches to the delivery of seniors' programs and services.

Survey Instrument

A standard questionnaire was designed to elicit key information about the availability or lack of appropriate Jewish services for frail seniors. The questions were informed by the research question, the literature review, and the interests of the community stakeholders. Once the standard questionnaire was approved, specific questions were either added or deleted to meet the needs of the each target group. See Appendix C for survey questions.

Limitations

While there was a concerted effort to elicit feedback from a broad segment of Jewish seniors and their family members, there is an inherent bias in the responses, as all of the participants were recommended by service providers or had at least minimal involvement with existing Jewish programs and services. Therefore, we have only captured the views of those who have had some contact with one of our community agencies. Another limitation is that only a few seniors residing outside of Vancouver or Richmond were interviewed (one in West Vancouver, one in Surrey, and one in Coquitlam). The final limitation is that there was only minimal representation from seniors and/or family members who are recent immigrants and no representation from seniors and/or family members who do not speak English.

Results/Key Findings

Individual Seniors

While each senior shared their own views and experiences, five themes quickly emerged:

- Affordable transportation
- Affordable home support services
- improved accessibility of programs and services
- Increased social contact
- Centralized information dissemination

Each of these themes will be elaborated on and supported by selected comments from the seniors who were interviewed.

1) Transportation

Affordable transportation was identified as a primary need by 80% of seniors interviewed (16 out of 20). Participants make use of various forms of transportation, including HandyDART (8), public transportation (8), taxis (6), driving their own vehicles (3) and rides from friends and/or family (12). However, many participants find HandyDART unsatisfactory, due to the long waits, the length of time sitting in the van in order to accommodate all passengers, the need to book in advance, difficulty using the service without assistance, and the added expense. Taxis, even with taxi savers, are not an

affordable option for many, and the private driving services are too expensive for most. Many participants reported that friends and family provided transportation when they needed it; however, most said that they felt uncomfortable having to request a ride on an ongoing basis for personal errands or outings.

The need for affordable transportation options occurs in three areas: getting to and from community events and activities; getting to and from appointments, household chores and shopping; and accompaniment for bus and taxi use. In particular, the need for an affordable driving service was identified for programs (8), appointments (4), shopping (3), outings (3) and synagogue (2). Transportation at night was a particular concern for all participants. Even those seniors who still drive during the day report that neither public transportation nor HandyDART are viable options for them at night.

Those who could afford taxis were often reluctant to use them without escorts or companions to accompany them. The need for accompaniment was identified as both a transportation and home support issue.

2) Home Support

The need for affordable home support services was expressed by 65% of the seniors interviewed (13 out of 20). Jewish Family Service Agency (JFSA) home support services were used by six participants, two participants had minimal service provided by the health authority, and seven participants paid privately for home support services. The perceived cost of home support, in general, was identified as the main barrier to receiving or increasing service. Participants also discussed the stigma of asking for assistance, and their frustrations with the limitations on how much home support they could actually access despite their needs. This comment reflects the views of many who were interviewed:

“I am too proud to ask for help, but I could really use it. I can only get help if it is free of charge because I can’t afford to pay someone. If that is the case, I will do it myself, but it’s getting harder with time and at my age.”

Accompaniment was the most commonly expressed home support need, with 60% of participants (12 out of 20) expressing the need for someone to accompany them during various tasks such as: grocery and other shopping needs (5), appointments (5), outings (3) and attending synagogue (1). The primary in-home support needs included:

cleaning (9), meal preparation (5), home maintenance/repairs (3), shopping (2) and companionship (2).

3) Accessibility of Programs and Services

Accessibility of programs and services was identified by 70% (14 out of 20) of seniors interviewed. The barriers identified were: location (9), cost (5), timing and, in particular, morning programs (3) and language barriers (1). In addition, 58% (12 out of 20) of seniors interviewed mentioned that transportation to and from programs/services would make them more appealing and/or accessible. The need to decentralize programs/services, making them available in the regional communities, was identified by six participants. The comment below, made by one participant living outside of Vancouver, reflected the views of many others who live outside the boundaries of the City of Vancouver:

“I would attend programs in Vancouver if could get a ride to and from. It is only the distance and cost to get there that is stopping me from attending.”

4) Loneliness/Social Isolation

The desire for increased social contact was expressed by 45% (9 out of 20) of seniors interviewed. Feelings of loneliness and the need for more opportunities to socialize and meet new people came up in a number of interviews. For some, the need was for more formal and informal opportunities to socialize in the community while for others, like the participant quoted below, the need was for social contact in the home.

“I could use some company, a nice person coming over for an hour to visit me or something like that, would be nice. Or maybe they could come with a car and take me to the mall. Just having somebody else besides being alone would be the best thing for now.”

The need for more community-based social opportunities was expressed by seven participants, though many stated that a place to socialize and meet others is needed, rather than specific social programs. The statement of this participant was echoed by many others:

“What I’d really like is a social life, get to know people. It is so lonely when you are alone. The only thing you have is the TV, but how much can you watch... It would be great to have a place where people can just get together and meet, sit,

talk, maybe have a coffee. Just sit together and get to know each other. I think having a social life is very important.”

5) Information Needs

Throughout the interview process, it became apparent that many participants (both seniors and family members) were unaware of the breadth of services available for seniors in the Jewish community. Lack of participation in programs and use of services was often a result of not knowing what is available. Participants expressed the view that they did not know who to call or where to go when they were searching for specific resources or assistance. Family members also stated that they had to make numerous calls before they found the information that they were seeking. Many expressed frustration that there was no single central location where they could go or call to find the information they required. While some acknowledged that they were able to obtain the information they needed by contacting the Jewish Family Service Agency, there was a common sentiment expressed that JFSA is meant for the “needy” or “poor”, and therefore these respondents did not see themselves approaching them for information on community programs and resources.

6) Additional Suggestions

In addition to these five themes, participants also offered a number of suggestions regarding the programs that are currently offered. While acknowledging the many social, educational and cultural programs currently offered, participants came up with additional ideas. Several (six participants) cited the need for more educational programs that incorporated speakers, presentations and discussion groups. The comment below reflects the thinking of these seniors:

“Because we’re getting older doesn’t mean that we’re stagnant versions of being. We want to keep our minds as sharp as possible.”

While we did not interview enough seniors who were immigrants for this to emerge as a theme, it is important to note the comments of this participant:

“It is necessary to increase supports for immigrant seniors, especially newcomers. The first two years after coming to Canada are the most difficult. Many Russian immigrant Jewish seniors are really struggling. They have been sponsored by their children and are too proud to continue to ask for help from their children. They

do not want to depend on the income of their children, or their children may not be able to, they may also be struggling. Financial assistance for immigrant seniors in the community should be increased.”

Further, while we did not probe participants about their need for culturally appropriate services, research in the area of immigrant seniors highlights the need for culturally sensitive and accessible home support and community health care services for this population. See Appendix D for additional program and service ideas.

Focus Groups

Focus group participants reiterated many of the same themes – in particular, the need for increased social contact and affordable transportation. Among the therapeutic lunch participant focus group, the emphasis was on more social opportunities. The JCCGV Seniors Advisory Committee focus group also raised transportation as a key issue, expressing the need for an affordable transportation option. Again, the inflexibility of HandyDART was discussed. Lack of social contact came up in this focus group as well. The need to reach socially isolated seniors was discussed, suggesting the development of a volunteer program, training volunteers to visit these seniors in the community. A number of participants in this focus group identified the availability of home support as key to maintaining independence. In particular, assistance with cleaning, meal preparation, transportation and accompaniment to appointments were raised. One participant commented:

“I find that as I’ve gotten older the *koyach* (strength) seems to vanish over time. Every year, things get a little harder. As you get older everything gets harder. I bet that a lot of seniors don’t know when it’s getting to be too much, any one particular chore, whether it’s cooking your own meals, or making your own bed, or climbing stairs. You just keep doing it.”

This focus group also discussed the need for a seniors’ information and referral service. While the JFSA was acknowledged as the leader in service provision for Jewish seniors, the stigma of seeking help through a social service agency was identified as a barrier for some of those seeking needed resources. One participant stated:

“People don’t know where to go for help; they don’t know what is available. What’s missing is an information flagship. There needs to be a central place that people can contact to find out about what services are available, where to go,

how to reach them, and all that... JFSA acts as that now, but it really needs to be pure information and referral. It should not be through the JFSA, which is seen as for needy people.”

Family Members

Among family members, home support was the most common theme. The need for affordable home support services was expressed by four out of the six participants. In addition to providing support for cooking and light housekeeping, family members also identified assistance with personal care as an important issue in maintaining independence. Family members also identified transportation as a major barrier to accessing programs and services in the community. One family member recounted:

“Transportation is necessary to pick people up who cannot get there on their own. L’Chaim was the first place I approached, but they do not offer transportation and my mother cannot take HandyDART. So we found somewhere in the broader community that provides transportation. If transportation was available, my mother would be at L’Chaim, no question. Her Jewish identity is important to her, but that has gone by the wayside now.”

Other issues raised by family members include the cost of programs, lack of programs in the regional communities, and lack of information about available services.

Jewish Community Service Providers

Common themes identified by seniors’ service providers in the Jewish community were the need for affordable transportation, improving access to programs/services, a coordinated volunteer program, and affordable home support services.

Transportation was the most common theme among service provider, with 83% describing it as the most common barrier for seniors in accessing programs and services. As one participant commented:

“People would be out in the community a lot more if transportation was available. They have nobody to go there with and they can’t get there on their own. Mobility is everything. If you can’t stay connected, you start to get lonely and isolated, so transportation is the key to participation.”

Specifically, the need for an affordable driving service was discussed. While service providers acknowledged the frequent use of HandyDART by clients/participants, many emphasized the difficulties that seniors face in using this service. As one service provider stated:

“There’s a lot of HandyDART anxiety. Many seniors are so anxious about missing the HandyDART and being late for the HandyDART that I find it impedes their enjoyment of the program.”

The need to improve the accessibility of programs and services in the community was also raised by many service providers. Beyond transportation barriers, the need to decentralize programs and services and expand outside of Vancouver was discussed by seven participants. One service provider stated:

“The most important thing for seniors seems to be finding the resources within a convenient travel distance. If it’s not easy and convenient, they just won’t come.”

In addition, six service providers stated that the cost of programs often impedes participation. Other perceived barriers to accessing programs and services included: stigma (4), being uninformed as to what is available (4), language (1) and poor health (1).

Affordable home support was identified by 75% (9 out of 12) of service providers. These respondents took a broader view of home support and included outreach health services, such as health monitoring, nursing, exercise and podiatry (5) and household assistance, such as cooking, cleaning and home repairs (5). The need for companions (4) and accompaniment (2) was also identified.

Additional Needs

The need to develop a dedicated volunteer program to support Jewish seniors was identified by 75% (9 out of 12) of the service providers. In particular, six participants discussed the need for trained volunteers to visit lonely or isolated seniors in the community and to provide accompaniment and other forms of assistance.

Other needs that were identified by service providers include more lunch programs and access to prepared meals (5), intellectually stimulating programs (4), a day centre for seniors in Richmond (4), financial aid services (3), wellness programs (3), central

information and referral site (3), peer counselling/senior volunteers (3) and a Jewish seniors' centre (2). See Appendix E for additional suggestions.

Broader Community Service Providers

We learned from these service providers that a lack of appropriate programs and services is not always the problem. Often, seniors and family members lack the necessary information about what is available. They also discussed the importance of seniors and family members being able to access relevant information on services available. They also agreed that there is an overall lack of affordable home support to assist with meal preparation, household tasks, shopping and banking. One service provider commented:

“I can't even tell you how many times we've gone to people's homes to bring them food, get them groceries, do their banking outside of working hours. Just because we care about them and we know that there is nobody else providing that service.”

Social isolation among seniors was raised by three service providers, and the need for friendly visitors to reach these isolated seniors was suggested:

“At one time there was a core of volunteers who did home visiting. That doesn't seem to happen as much. That one-to-one visiting means so much because that person also gets to look at what's going on with the senior.”

Other program/service needs that were identified include: mental health services, culture/language-specific programs, day programs for people who are not cognitively impaired but are medically fragile, and mobile day programs.

Discussion

Despite the low response rate, the findings in this report are important to our planning process, as they are consistent with findings from other local, national and international research. The United Way of the Lower Mainland report, *Moving Towards Age-Friendly Communities in the Lower Mainland/Sea to Sky Corridor* (2008), described similar gaps in seniors' services, particularly a shortage of household support, transportation and services outside of Vancouver. The 2007 Canada Mortgage and Housing Corporation report, *Community Indicators for an Aging Population*, identified community attributes to assist seniors with aging in place, two of which are transportation options and access to services. *Global Age-Friendly Cities: A Guide*, produced by the World Health

Organization in 2007, also emphasized accessible and affordable transportation, opportunities for social participation, availability of information, and community support.

The findings of this study reinforce several priorities recommended in the *Assuring A Continuum of Care for our Elders: Future Directions for the Jewish Community* report from a 2003 strategic planning session, such as the need for a central entry point for seniors accessing services – a central location for information, referral options and affordable home care services. The 2009 Seniors Planning Think Tank also identified affordable home support, a centralized information centre, adequate transportation, supports and services in the regional communities, and volunteer services, as needed to support seniors aging in place. In going beyond the perspective of seniors' service providers, by including the views and ideas of seniors themselves and the family members who care for them, this study reinforces the need for these programs and services, from the perspectives of seniors whose ongoing independence will be aided by the availability of such programs and services. Potential solutions for each of these identified needs are discussed in more detail on the following pages.

Transportation

Access to affordable transportation is vital for seniors to remain independent and connected to resources and the community. The research findings highlight the need for affordable transportation options for Jewish seniors to enhance independence, program participation, service use, and social connectedness. In individual interviews and focus groups, the family members, the Jewish community seniors' service providers and seniors themselves all identified transportation as a primary need for seniors in the community. While transportation was not mentioned in interviews with broader community service providers, the 2008 United Way of the Lower Mainland report, *Towards an Age-Friendly Community: An Atlas of the Lower Mainland/Sea to Sky Seniors Population and Services*, reveals that cities throughout the Lower Mainland are lacking in transportation services (other than HandyDART).

This research confirms that the available means of transportation, including HandyDART, public transportation, and taxis, do not meet the needs of most seniors due to the cost, the lack of convenience, and the difficulties for seniors with poor physical and cognitive health. While developing an affordable driving service for seniors to attend medical appointments, do grocery shopping, and manage other personal needs is beyond the

resources of the community, developing options to enable seniors to attend community-sponsored social and recreational programs may be within our reach.

The Gwen Sector Creative Living Centre, a multi-purpose senior centre in Winnipeg, has such a transportation program in place. Once a week, the centre charters two buses, bringing approximately 60 seniors to the centre for specific programs. Marilyn Regiec, the Executive Director of the centre, commented:

“Transportation is the biggest problem for seniors to get out of their homes. If we didn’t have the program, we would really have a terrible time getting people here. Transportation is crucial. Having reliable door-to-door transportation is very important.”

Another option might be to create a small transportation fund targeted toward programs offered in the regional communities where access to transportation is particularly difficult. This fund could be used to purchase taxi savers for seniors wishing to attend social, educational, religious and recreational programs offered in these locations, or to charter a small van for monthly luncheon or special holiday programs.

Home Support

The need for affordable home support services was identified as a high priority across all groups interviewed. Numerous participants commented on the importance of home support services in enabling seniors to maintain their independence and remain in their homes. For some, the term, “home support” refers to assistance with light housekeeping, laundry and food preparation, while for others it refers to a very wide range of services including health monitoring, medication management and treatment follow-up. *Aging Well in British Columbia (2006)* emphasizes that home support services can make the difference between being able to continue to live in one’s home and having to move to assisted living or a residential care facility. As 75% of seniors (15 out of 20) interviewed expressed a desire to remain at home, access to a full menu of home support services is a highly desirable option.

JFSA provides comprehensive home support services on a sliding scale. However, what is clear from the responses is that many seniors are reluctant to ask for services from a social service agency. It is also apparent that some seniors are either unaware of these services or are not aware that they are eligible for these services. While JFSA offers these services on a sliding scale, a number of seniors felt that they could not afford the

reduced rate of \$9/hour on an ongoing basis. The cost of private home support service was identified as a major barrier to accessing these services among the seniors interviewed. For example, one senior commented:

“Independence is important to me, but I guess it comes down to money to a certain extent. If you have money, you can buy independence.”

Beyond the barriers of cost and lack of awareness of available services, this research shows that for many seniors there is an overall stigma attached to accessing help from any social service agency. Maintaining the belief that JFSA is only meant for “the needy” may hinder access to these services. One option is to explore offering these services through a storefront location where other programs and services for seniors are also offered. Using a hub model – where several agencies “live” under one roof, provide services at scheduled times, and share the costs of rental and staff support with the other services – may encourage more people to seek out these services.

Another possibility is looking at a partnership among the Louis Brier Home and Hospital Companion Program, the Kehila Society, and the JFSA Home Support Program to expand the services available particularly outside of a Vancouver. As one service provider commented:

“Companions could be doing home support services – they are provided with education, knowledge, the right standards of qualifications and proper practice, and Eat Safe. So...one possibility is that the companion program could expand and develop into a home support program. And this program could be combined with the JFSA as one home support program.”

Social Contact

Despite the many social, recreational and educational programs that are offered in the community and directed toward seniors, this research indicates that many feel there is a need for more. Almost half of the seniors interviewed (9 out of 20) expressed a desire for increased social contact. Their responses do not appear to be related to structured programs, but rather to social contact at home. This was further emphasized in the two focus groups, as well as in comments made by service providers. For many frailer seniors, the desire for social contact extends beyond their interactions with professionals and family members. Informal one-on-one social contact that develops over an extended

period of time is more meaningful to them than attending events with a large group of seniors in similar circumstances. Two strategies that have proven successful in other jurisdictions are the phone tree and the peer-to-peer program. In a phone tree, one senior is matched with another and they check in on each other on a regular basis and develop a relationship over time. This type of “buddy system” has been used effectively in many seniors’ apartment buildings over the years. In a peer-to-peer program, younger seniors are connected with seniors who have become frail, and the younger senior becomes the informal “eyes and ears” of the community and can let service providers or family members know if there is a need to intervene.

Social connectedness has a positive effect on health, and those who remain socially connected are generally happier, in better physical and mental health, and better able to cope with change and transition (Public Health Agency of Canada, 2006). In order for seniors to participate, they must have access to transportation and current information about what is available (World Health Organization, 2008). While many opportunities for socialization exist for seniors in the community, this research points out that issues of accessibility in relation to adequate transportation, convenient locations and costs have an impact on the level of participation.

Accessibility

“A lack of accessibility is a lack of a support, a lack of care. If people cared, the accessibility would be there. You have to care to bring people there to make it possible.”

This comment by a family member highlights the importance of improving the accessibility of programs and services in the community. While access to affordable transportation alone may greatly increase program participation and service use among seniors in the community, the location and cost of programs have also been identified as barriers. Seniors and service providers identified the need to expand seniors’ services beyond Vancouver. One service provider commented on the geographic barriers to accessing programs faced by Jewish seniors in regions outside of Vancouver:

“Many seniors do not want to go over the bridge to Vancouver. I have heard many seniors say that Jewish services stop at the Oak Street Bridge.”

The United Way of the Lower Mainland reports that 45% of available services for seniors in the Lower Mainland are found in Vancouver, highlighting the need to increase services

in other regions (United Way of the Lower Mainland, 2008-b). According to the United Way, Vancouver and Burnaby are the only cities providing the full array of services, and the areas most needing seniors' services include Surrey, White Rock, Richmond, Tri-Cities and Langley. Data for the Jewish community indicates that 27% of our seniors' population resides in Richmond (Statistics Canada, 2001). This confirms the need for an expansion of programs and services in the Richmond area to meet the diverse and complex needs of seniors living there.

Programs must also be affordable in order to facilitate participation. While seniors may express interest in attending certain programs, for some, the cost may prevent their participation. One senior commented:

“We get lonely, we've lost our mates, even if we haven't, we have to get out and mix. We don't need a big meal. Many people would rather bring their own sandwich. We can't afford that \$10. Everyone says that. Why does it even cost that much, I can't understand. People are coming less and less because a lot of us just can't afford it.”

This idea of just getting together and socializing without formal programming was a recurring comment made by the more active seniors. Several expressed sentiments similar to the following comment:

“There needs to be a place just for us to get together, and have tea and coffee, not even a meal...just to talk and have company. That's what we need; we need to get together.”

Innovative Program Models

In order to overcome barriers to program participation and service use, many agencies throughout North America are moving towards bringing programs and services to locations convenient for seniors. They are being delivered in neighbourhoods, community facilities, and apartment buildings where there is a high concentration of seniors. One example is Naturally Occurring Retirement Communities – Supportive Services Program (NORC-SSP), an initiative from the Jewish Federations of North America's Aging in Place program. This is a community-based model of service delivery promoting healthy aging, independence, and community building by providing programs and services to seniors in the areas in which they reside (Jewish Federations of North America, 2010).

Currently there are over 40 Naturally Occurring Retirement Communities (NORC) programs in 26 states in the US. While there are no participating agencies in Canada, a similar program was recently developed in Toronto. The Healthy @ Home program aims to “support low income, isolated and unaffiliated Jewish seniors by bringing social, recreational, educational, cultural, health promotion and other programs to where seniors currently live” (Healthy @ Home, 2009). Currently, an array of programs and services are being offered in two apartment buildings that have a high concentration of Jewish seniors – over 100 seniors are currently benefiting from this program. The program is a partnership among various organizations, including UJA Federation of Greater Toronto, Bernard Betel Centre for Creative Living, Baycrest Centre for Geriatric Care, Jewish Immigrant Aid Services (JIAS) Toronto, and the Jewish Russian Community Centre of Ontario.

This service delivery model may be helpful in resolving many of the unmet needs identified in this report. Providing programs and services in the buildings or neighbourhoods where seniors live reduces many of the accessibility barriers identified. Transportation and location difficulties could be minimized if programs and services are closer to home. Sharing resources among organizations is also a cost-effective way to deliver services, allowing lower fees for participants. Further, connecting seniors residing in close proximity to each other also facilitates new opportunities to socialize. Julia Mignonova, program coordinator, commented on this aspect of the Healthy @ Home program:

“Many of the seniors had been living in the building for many years, but did not know each other. Now they are more connected with one another and more connected with the Jewish community.”

Using local synagogues to hold day programs for seniors and to host informal opportunities to socialize, which is common in many Jewish communities is another way to build connections across programs.

The integrated service delivery model, whereby an array of supports, services and programs are delivered from one central location or “one-stop shopping”, is described in the Special Senate Committee on Aging Final Report (*Canada’s Aging Population: Seizing the Opportunity*, 2009). This approach is consistent with the service delivery model offered through the Gwen Sector Creative Living Centre, a multi-purpose Jewish seniors’ centre in Winnipeg. The centre provides a wide range of social, recreational, educational

and health-related programs and services. On an average day, up to 40 seniors attend the centre. On Wednesdays, 80 to 100 seniors attend and benefit from a hot lunch and recreational and educational programming. The centre works in partnership with many Jewish and broader community agencies such as: the Jewish Community Centre for joint programming; the Jewish Child and Family Service, which offers social work services and runs an early Alzheimer's program and a program for Holocaust survivors every other week; the City of Winnipeg for recreational programs; and the Seven Oaks Seniors Link, which has an office in the building, linking seniors with resources in the broader community. Providing a breadth of programs and services in one location can improve access to supports, facilitate smooth transition between services, improve coordination and communication between service providers, allow for partnerships and a pooling of resources between agencies, and create a space where seniors can get together. Marilyn Regiec, the Executive Director of the Gwen Sector Creative Living Centre, commented:

“The biggest strength of the centre is that it is a warm and caring atmosphere where people are made to feel welcome. It's like a family atmosphere. It gives people a sense of security and well-being, like a home away from home. Everyone is taken care of, and there's no discrimination.”

A number of similar models can be found locally, such as 411 Seniors Centre Society, South Granville Seniors Centre, South Vancouver Neighbourhood House, and Renfrew Collingwood Seniors Society in Vancouver, and Glen Pine Pavilion in Coquitlam.

Many communities are also moving away from the strict separation between community-based and institutional or residential programs by forming partnerships to leverage the resources of each. Several respondents raised the possibility of the Louis Brier Home and Hospital and L'Chaim Day Services forming a partnership to design and deliver a program for seniors who are not cognitively impaired but who, due to their health concerns, need more support than the existing programs currently provide. As one service provider suggested:

“The Louis Brier could run a day program, not just a recreation program, but a health program. There have physiotherapists, nurses, occupational therapists. People from L'Chaim could come to the Louis Brier and integrate with the programs provided. They could do physio, participate in recreational programming, have lunch in the dining room, go to synagogue, attend another program. And these are people who may one day be in the Louis Brier. They are

already showing signs of needing more support than they already have, so why not provide the support here, so that it is not such a scary thing when they do move.”

A similar program exists at Cedar Sinai Park in Portland. A social model adult day program is located in a wing of the Robson Jewish Health Centre, a long-term care facility. Participants are from the community, as well as from the assisted living facility located on the campus. The program also provides services available from their assisted living facility, such as the nutritionist, podiatrist and hair salon. The program partners with the long-term care facility to train staff in pertinent areas of providing care to seniors, such as memory care. As Nancy Heckler, program coordinator commented:

“In theory, it should be able to be a graduated thing. Individuals start at the day centre, move to assisted living, and then to the nursing home. It facilitates a natural move across the campus.”

Another innovative idea is to create a home-based health assessment program utilizing the resources of both JFSA and Louis Brier. Many frail and isolated seniors find it difficult to get to doctor’s appointments without assistance or are reluctant to seek services from a community health clinic. Building a team of geriatric health care professionals who would conduct health assessments at home and prepare a comprehensive plan, including appropriate referrals, could be very attractive to seniors with chronic health problems or for seniors who have recently returned home from hospital and require specialized support. Many family members would also find this type of service very useful and it would reduce their anxiety about their parent obtaining the health services they require in a timely manner. Similar programs in other jurisdictions operate on sliding scales ranging from full fees to fully subsidized.

Access to Information

Seniors and family member need to know about the services and resources available in the community in order to benefit from them. As is evident from this report, many seniors are unaware of the breadth of programs and services available to them. Further, the need to increase awareness of community resources, and how to access them, was identified by family members, focus group participants, and service providers in the Jewish and broader communities. Information on needed programs and services is often fragmented and provided only by the agencies offering the services. The World Health Organization’s *Global Age-Friendly Cities: A Guide* highlights the need to make

information available and accessible to seniors, and suggests that the dissemination of information be coordinated through a “one-stop information centre” (WHO, 2007, p. 64). Further, there is a need to expand the availability of culturally appropriate information to all locations in the Lower Mainland where Jewish seniors may gather.

Developing a centralized inventory of information and referral services would not only be beneficial for seniors, but it would also assist family members and service providers. The service could play an important role in raising awareness of community resources, improving access to services, helping seniors and family members to coordinate services, and enhancing communication and coordination between community agencies. As one family member commented:

“Sometimes you feel helpless. If there’s somewhere you can call that has all the contacts, then you feel less helpless. Just having the contact with someone who can help or refer you to someone else when you need it and not feeling that there is no one there to help you, then you don’t feel like you’re alone.”

Several Jewish communities provide centralized information and referral services dedicated to the needs of seniors and their family members. Program models range from a volunteer peer-managed telephone service (Jewish Seniors Network of Kansas City), to a specialized website (accessjca.org) operated through the Jewish Council on Aging in Washington DC, to a professionally run information and referral service called Elderlink St. Louis. Another example is a program offered through the Jewish Seniors Agency of Rhode Island (JSA). A partnership among JSA, Jewish Family Services and the Jewish Community Centre has resulted in a single point of access to information. Seniors, family members, or caregivers can call or e-mail and be connected with a seniors’ information specialist who provides information, referrals and follow-up (Jewish Seniors Agency of Rhode Island, 2010). While there are various delivery modes, all are designed to provide seniors with user-friendly ways to access needed information in a coordinated and timely manner.

Dedicated Volunteer Program

Seniors interviewed for this report identified several gaps that do not need to be filled by professional staff. Some of the gaps could be addressed by the presence of a robust volunteer program with a specific focus on enabling seniors to remain independent and age with dignity. While it is much more difficult to recruit volunteers for long-term

ongoing tasks, there are a number of newly retired seniors interested in being involved in meaningful volunteer activities. Research of this group indicates that, unlike previous generations of volunteers, they seek volunteer opportunities that utilize their knowledge and skills, have a very specific purpose and defined outcomes, and fit their sense of social action (*Journal of Extension*, 2008). Creating a system of volunteer drivers to address the transportation gap or building a friendly visitor program could be just the type of challenges to engage newly retired seniors. Further, a number of service providers discussed the value of peer counsellors, where seniors are trained to help other seniors either in their homes or in the community. The Special Senate Committee on Aging called for advancing volunteerism among seniors in their Final Report (*Canada's Aging Population: Seizing the Opportunity*, 2009). And the New Horizon for Seniors Program, through Human Resources and Skills Development Canada, supports the active participation of seniors in social and community activities. As one senior participant commented:

“My volunteer work is very important to me. It’s my life. It’s the only thing that makes me feel like a person.”

Conclusion

The purpose of this research was to identify gaps in programs and services for frail and socially isolated seniors and to document some successful programs and initiatives that occur in other jurisdictions to facilitate seniors aging in place. This report is also intended to provide direction to JFGV and our partner agencies, with respect to new and emerging priorities, in response to the growing number of seniors who will be seeking support from the community. Despite the small sample size, the findings in this report confirm findings in other research that has been conducted generally, and reinforce concerns that were voiced by Jewish service providers in the 2003 report and at the 2009 think tank. These findings are strengthened by comments from the seniors themselves. One of the unintended but very positive outcomes of this report has been the cooperative spirit among the community agencies who deliver programs and services to seniors and their interest in working together to find solutions.

Apart from the key themes – transportation, affordable home support, accessible programs and services, central location to access information, and overcoming social isolation – over half of the seniors who were interviewed (11 out of 20) stressed the importance of staying connected to the Jewish community. These seniors reiterated the

importance to them of having their needs met within the community in which they belong and spending time with other Jewish seniors. As one participant stated:

“My participation with the Jewish community is of major importance to me. My spiritualism sustains me and gives me strength, and I am sure I would not be as balanced as I am without it.”

A number of creative and innovative suggestions have been made, and new partnerships among agencies have been recommended. Some of the recommendations can be implemented within six months to a year while others will require much more planning and a new infusion of funds.

We have a challenge ahead as the population of seniors in our community grows and ages. This report provides a road map for us to proceed.

Recommendations:

The advisory committee has proposed the following short-term and long-term recommendations to address the key issues that have been identified in the report in relation to the delivery of programs and services to frail seniors.

Short-Term (to be completed within six months to a year):

1. Create an “access to transportation” fund to be used by Jewish institutions in the regional community to purchase taxi savers and to rent small vans to transport seniors to regularly scheduled activities.
2. Convene a meeting with other seniors’ service providers in the Lower Mainland to explore potential partnerships with the aim of providing affordable transportation to community events.
3. Work with the Jewish Seniors Alliance to maintain an updated list of programs and resources for seniors on their website and request that all of other agencies who provide services to Jewish seniors provide a link to the Jewish Seniors Alliance website.
4. Explore the viability of creating, in partnership with the Jewish Seniors Alliance and the 411 Seniors Centre, a volunteer-managed information and resource centre for seniors.
5. Bring together the Louis Brier Home and Hospital volunteer service, the Jewish Seniors Alliance and Shalom BC to create a plan for a dedicated volunteer program with the express purpose of supporting seniors to “age in place”.
6. Bring together representatives from Jewish Family Service Agency, Kehila Society, Jewish Community Centre of Greater Vancouver, and Louis Brier Home and Hospital, along with the community synagogues, to develop a plan for the creation of a Richmond-based storefront community hub. This hub would deliver an array of health and social services, along with social and recreational programs, with facilities and staffing costs shared among the respective partners.

Long-Term (to be completed within three years):

1. Pilot a six-month project among Jewish organizations located along the Oak Street corridor, using a rented van and shared driver, to determine the benefits of a community bus to pick up and drop off participants at community programs to facilitate program access and social connectedness.
2. Implement the storefront community hub in Richmond and explore the feasibility of creating a similar delivery approach in Vancouver or another regional community.
3. Develop a travelling or community-based program (similar to the Healthy @ Home or NORC-SSP models) to provide programs and services to Jewish seniors in one or two selected apartment complexes where there are a significant number of Jewish seniors.
4. Develop a plan for a home-based geriatric health assessment program in collaboration with Louis Brier Home and Hospital and JFSA to undertake health assessments and comprehensive plans on a sliding scale for seniors whose health has deteriorated and who are either unable or unwilling to access community-based health clinics for such services.
5. Explore the feasibility of establishing a dedicated seniors' centre that would house an array of programs and services along with formal and informal social and recreational programs.

In addition to these short- and long-term recommendations, the Jewish Federation of Greater Vancouver Planning Council is recommending that the Allocations Committee:

- 1) Create a separate funding envelope for seniors' programs and services, similar to the one created for Youth/Young Adults. The amount allocated to this envelope should be made public so Jewish seniors and Jewish organizations that serve seniors understand how the Federation Annual Campaign and supplementary giving support their needs.
- 2) Revise the application form for agencies requesting funds through the Allocations Committee to facilitate joint funding programs in support of the recommendations in this report.

Appendix A: CHOICE, SIPA and PRISMA program descriptions

SIPA: *Integrated Service for Frail Elders (Quebec)*

An integrated service model with community services, multidisciplinary teams and case management that incorporates both social and health services for frail seniors in the community.

Key program components:

- Multi-disciplinary team including: SIPA team physicians, family physicians, case managers, nurses, social workers, occupational and physical therapists, dieticians, pharmacists, home health aides, homemaker services, and community organizers
- Community-based services: GP visits, home care services, prescription medication from local pharmacies, housing, technical aides, day hospitalizations, and day centres

Key difference from CHOICE is that SIPA participants can keep their family physician, whereas CHOICE participants must use the on-site physician.

CHOICE: *Comprehensive Home Option of Integrated Care for the Elderly (Edmonton)*

Key program components:

- Single point of entry system
- Multi-disciplinary care team including: physicians, nurses, nurse practitioners, social workers, rehabilitation therapists, dieticians, pharmacists, therapy aides, home support and other health care workers
- Health clinic
- Home support, including personal care and homemaking services
- Delivery of meals
- Aids and environmental audit
- Sub-acute care (small number of beds at each site for short-term treatment, respite and night care, and holding beds for when a patient is awaiting placement in long-term care facility)

PRISMA: *Program of Research to Integrate the Service for the Maintenance of Autonomy (Quebec)*

Differs from full integration models like SIPA and CHOICE – PRISMA is embedded within the current health care system and assists in the coordination of currently available services.

Key program components:

- Coordination between decision makers and managers
- Single point of entry
- Case management process (multi-disciplinary team organized around the case manager, who works closely with family physician)
- Individualized service plans
- Single assessment tool based on the functional autonomy of the client
- Computerized clinical chart (used to communicate between institutions to monitor clients)

Appendix B: Interview Participants

Seniors:

Anna Abramskey	Monica Moster
Betty Davinsky	Sally Posternack
Naomi Eidinger	Ruth Raziel
Larry Flynn	Doris Shlosberg
Mike Lepawsky	Klara Smolensky
Norma Mann	Jack Stein
Evelyn Marcus	Essie Steinhardt
Goldie Miller	Suzanne Tauber
Barbara Minuk	Morris Wolinsky
Kayla Moser	Sylvia Yassi

Family members:

Rita Akselrod	Colleen North
Edith Chmielnicki	Lane Stein
Dave Gandall	Essie Wolf
Diane Lepawsky	

Jewish community service providers:

Rabbi Baitelman	<i>Chabad of Richmond</i>
Annica Carlsson	<i>L'Chaim Adult Day Centre</i>
Debbie Cossever	<i>Kehila Society</i>
Leah Deslauriers	<i>Jewish Community Centre of Greater Vancouver</i>
Judith Globerman	<i>Louis Brier Home and Hospital</i>
Serge Haber	<i>Jewish Seniors Alliance</i>
Joanne Haramia	<i>Jewish Family Service Agency</i>

Lorraine Isaacson *Peretz Centre for Secular Jewish Culture*

Gisi Levitt *Jewish Family Service Agency, Vancouver Holocaust Education Centre*

Zanna Linskaia *Jewish Family Service Agency*

Bud Riback *Temple Sholom*

Annette Wertman *Louis Brier Home and Hospital, JCCGV*

Broader community service providers:

Vicki Clark *Haro Park Centre*

Alanna Larsen *South Granville Seniors Centre*

Grace Hann *West End Seniors Network*

Jenny Lo *S.U.C.C.E.S.S Multi Level Care Society*

Volunteer *411 Seniors Centre Society*

Service providers in other North American Jewish communities:

Ann Burke *Jewish Family Service – Options Cincinnati*

Nancy Heckler *Cedar Sinai Park Adult Day Services (Portland)*

Alison Joucovsky *Jewish Family Service – Colorado Seniors Connection*

Julia Migunova *Healthy @ Home (Toronto)*

Steven Raichilson *Menorah Park Centre for Seniors Living (Cleveland)*

Marilyn Regiec *Gwen Sector Creative Living Centre (Winnipeg)*

Appendix C: Questionnaire Templates and Focus Group Questions

Seniors' Questionnaire

Details of a Typical Day

Could you please tell me about a typical day for you?

What do you do?

Who do you see?

What are some of the things that you do outside of your home?

Where do you go?

How often?

How do you get there?

Do you drive or does someone drive you?

If not, how do you get around? (Bus, taxi, walk)

Can you tell me about the people in your life?

Do you have children or other family living close by?

How often do you see them?

What about your neighbours or friends?

Activities of Daily Living

What are the most difficult things about living independently in your home?

Meal preparation

Grocery shopping

Cleaning

Laundry

Bathing

Appointments

Transportation

Are there tasks or activities that you would like or need to have some help with?

Who helps you with these tasks/activities?

If you required assistance with something (i.e., groceries, medications, appointments), who would you call?

What kind of supports/services would make daily life easier for you?

Current Service Usage and Satisfaction

How important is it to you to attend/participate in programs/services in the Jewish community or with Jewish content?

Have you been involved with Jewish organizations or programs in the past?

Can you tell me about the programs and/or services that you currently use in the Jewish community?

How often?

How satisfied are you with the programs/services used?

Hours available

Length of time

Content

Do you know about other programs that you would like to try?

Are there any programs/services that you used to use but are no longer available?

Are there any programs/services that you have tried but stopped going?

If so, what was the reason you stopped going?

Can you tell me about other programs/services (Jewish or not Jewish) that you use (i.e., neighbourhood house)?

How often?

What do you like about them?

Have you tried similar programs/services in the Jewish community?

How do you generally get to these programs/services?

Service Barriers and Improvements

What are the greatest obstacles that you have encountered when trying to access the programs/services that you need?

What do you think would be helpful to overcome these barriers?

Are there any problems with the programs/services that you currently use?

What would make them better for you?

What changes or improvements would you like to see to make life easier for seniors like yourself?

Future Service Needs

Where do you think you would like to live in five years from now?

Have you ever thought about moving to assisted living?

Would you like to remain in your home for as long as possible?

What support services do you think will be important to you in the future?

Participant Demographics

Which age category do you belong to?

65-74 75-84 85 +

Where were you born? _____

How long have you lived in Canada? _____

Does anyone else live with you in your home?

Alone Spouse/partner Family Part-time caregiver Live-in caregiver

Do you rent or own your home?

What is your total annual income?

Below \$15,000 \$15,000-\$25,000 \$25,00-\$40,000 Over \$40,000

Do you have any further comments or suggestions regarding services for seniors in the Jewish community?

Family/ Caregiver Questionnaire

Details of Caregiving

Could you please tell me about the individual you care for?

Is this person a:

- Client Family member Friend

How long have you provided care:

What is this person's current health status?

- Physical
Cognitive
Emotional

How would you describe the person's level of independence?

Does the person leave the home?

- Rarely Occasionally Regularly

If yes, what activities does he/she engage in?

- Social/Cultural Therapeutic Educational/Spiritual

How often?

Does he/she go alone?

How does he/she get there?

Does he/she drive?

If not, how does he/she get around?

Are there adult children, friends or other family that are involved in this individual's life?

How often does he/she see them?

What about his/her neighbours or friends?

Does the person need assistance with?

- Meal Preparation
 Grocery shopping
 Cleaning
 Laundry
 Appointments
 Transportation

If yes, who helps with these tasks?

How often?

Does the individual require more assistance than he/she is requesting or is eligible for?

Could you please tell me about the kind of care/assistance that you are providing?

How often?

What are some of the difficulties you face in providing care?

What kind of supports/services do you think would make daily life easier for the individual you care for?

Current Service Usage and Satisfaction

Does this person participate in programs offered in the general community? Yes No

Does this person attend/participate in programs/services in the Jewish community or with Jewish content?

How important is it for the person to stay connected in the Jewish community?

Can you tell me more about your experience with programs/services offered by the Jewish community?

Which programs?

How often?

How satisfied are you with the programs/services used?

Hours available

Length of time

Content

How satisfied do you think he/she is with the programs/services used?

Are there other programs either in the Jewish or non Jewish community that you would like him/her to try? Name them.

Are there any programs/services that the individual you care for used to use but are no longer available?

Are there any programs/services that the individual you care for has tried but stopped going?

If so, what was the reason he/she stopped going?

Can you tell me about other programs/services (Jewish or not Jewish) that the individual you care for uses (i.e., neighbourhood house)?

How often?

Have they tried similar programs/services in the Jewish community?

Which programs/services does the individual you care for use most often?

How does the individual you care for generally get to the location where programs/services are provided?

What are the supports/services that you think make it easier for the individual you care for to remain in his/her home?

Service Barriers and Improvements

What are some obstacles encountered by the individual when trying to access the programs/services that he/she needs?

What do you think would be helpful to overcome these barriers?

Are there any limitations with the programs/services that the individual currently uses?

What changes or improvements would you like to see to make life easier for seniors in the Jewish community?

Future Service Needs

Where do you think the individual would like to be in five years from now?

Has he/she ever discussed moving to assisted living?

Would he/she like to remain in his/her home for as long as possible?

What program/services do you think will be important to the individual you care for in the future?

What would make a difference for you as a caregiver?

Demographic Information

Which age category does the individual you care for belong to?

- 65-74 75-84 85 +

Where was he/she born?

How long has he/she lived in Canada? _____

Does the individual you care for live with anyone else?

- Alone Spouse/partner Family Part-time caregiver Live-in caregiver

Does he/she rent or own his/her home?

Do you have any further comments or suggestions regarding services for seniors in the Jewish community?

Focus Group Questions

- 1) What are the most difficult things about living independently in one's home?
- 2) What kind of supports/services would make daily life easier?
- 3) What changes or improvements would you like to see made to the programs and services currently available for seniors in the Jewish community?
- 4) Are there programs or services that you think are missing in the Jewish community that would be helpful in enabling seniors to remain living independently without assistance?
- 5) How important is it to you or others you know to attend/participate in programs/services in the Jewish community or with Jewish content?
- 6) What support services do you think will be important to you and others you know in the future?

Appendix D: Additional program and service suggestions from seniors

- Increase partnership between L'Chaim and JCC programs, such as exercise classes and children's programs (1)
- Additional days of Kehila (3)
- Extend Kehila program through summer (1)
- Access to affordable lawyer, accountant, and financial advisor (1)
- Jewish respite facility (1)
- Tickets of inclusion (1)

Appendix E: Additional needs identified by Jewish community service providers

- Additional days of L'Chaim
- Access to alternative medicine/treatment
- Dementia services
- Mental health supports
- Health promotion programs
- Assistance navigating the health care system
- Language specific programs (e.g., Russian)
- Inter-generational programming

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