

“Looking to the Future, Now”
Mackenzie and Area Seniors Needs Project
Executive Summary

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September 2004

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Acknowledgements

This summer, our research team visited Mackenzie to conduct key informant interviews and focus groups, and to distribute a household questionnaire survey for the Mackenzie and Area Seniors Needs Project. We wish to thank all the residents, community groups, business members, service providers, policy makers, and municipal staff who took the time to answer our many questions. The Mackenzie Times newspaper with Jackie Benton, and CHMM radio with JD Mackenzie, each provided a lot of support in “getting the news out” about the project and survey. An appreciative thank you also goes to the members of Club 55, the Autumn Lodge Society, and the “Grumpy Old Men” who helped with a lot of background information and who staffed a table in the mall to help with distributing and collecting the surveys. Of note were Ray Bessette, and Joyce and Diane Smith, who went the extra mile to help us with the project. Their help is very much appreciated. On our research team, we wish to thank Chelan Hoffman for her assistance with the focus groups.

We also wish to extend our sincerest appreciation to all of the residents in Mackenzie who took the time to participate in our focus groups or to complete the questionnaire. The response to the questionnaire demonstrates the importance of this issue to residents and the community. We also wish to thank all of the people who helped to recruit focus group participants.

Funding for this project came from the District of Mackenzie and the Northern Land Use Institute at UNBC. We would like to thank them for their contributions. We would also like to thank the staff at the recreation centre and lotto booth in the mall for allowing us to set up convenient places for people to drop off their surveys, and to the District staff who collected those returned surveys. A special thank you goes to Judi Vander Maaten of the District who helped out many times along the way!

We would also like to thank Laura Ryser for all of her assistance and contributions to the creation of this report and to Onkar Buttar for his assistance with data entry.

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Prince George
September 2004

Availability

Copies of all reports associated with the Mackenzie and Area Seniors Needs Study are available in a number of locations. In Mackenzie, copies have been deposited with the District of Mackenzie and the public library. At the University of Northern British Columbia, copies have been deposited at the Weller Library or can be accessed on Greg Halseth's website:
<http://web.unbc.ca/geography/faculty/greg>

Project Reports

- Methodology Report
- Background Literature Report
- Population Background and Trends
- Northern Seniors Housing and Support Services Report
- Final Report
- Executive Summary

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Mackenzie and Area Seniors Needs Project Executive Summary

1.0 Project Description

Since the 1980s, Canada's population has been aging. In small towns, the provision of adequate and appropriate housing, services, and facilities will have an influence upon the decisions of individuals when choosing to retire in a community. In Mackenzie, there were about 50 people over the age of 65 in 1991, but by 2001 there were approximately 140 people over age 65 (Census, 2001). The increase in the number of older residents, and the increase in the number of residents who wish to remain in Mackenzie when they retire, have raised the level of interest in how the community, local services, and available housing options will meet the needs of a growing seniors' population. As a result, UNBC and the District of Mackenzie are working together to assess the housing and service needs for older residents.

The purpose of the Mackenzie and Area Seniors Needs Project is to examine housing and support service needs for older residents in the District of Mackenzie and surrounding area. The work was carried out by a research team from UNBC with the goal to provide decision-makers and community groups in Mackenzie and area with information relevant to decision-making over community planning and infrastructure investments. The project was carried out over the Summer of 2004 and the results were shared back with the community during the Fall of 2004.

Timeline

January 2004	<ul style="list-style-type: none"> • Project application developed
March 2004	<ul style="list-style-type: none"> • NLUI funding confirmed
April 2004	<ul style="list-style-type: none"> • Project begins • Organize interviews and focus groups for assessment of seniors' needs
May 2004	<ul style="list-style-type: none"> • May 11th to 14th, 2004 – Key informant interviews & distribution of thank you notes • May 17th to 20th, 2004 – Focus groups (4 groups) & distribution of thank you notes • May 12th to 25th, 2004 – Collection of key informant and focus group scripts that had been checked by participants • Preparation of questionnaire survey
June 2004	<ul style="list-style-type: none"> • June 9th to 10th, 2004 – Distribution of the survey to all dwellings in Mackenzie • Analysis of interviews and focus group data • Data entry for surveys
July 2004	<ul style="list-style-type: none"> • Completion of analysis of interviews and focus group data • Integration of population analysis, seniors housing and support needs, and seniors interviews and focus groups • Analysis of survey data
August 2004	<ul style="list-style-type: none"> • Completion of analysis • Completion of draft final report
September - October 2004	<ul style="list-style-type: none"> • Review of draft final report • Public presentation of results • Public dissemination of final report

2.0 Methodology

Planning for the project began in January 2004. It began when the District of Mackenzie contacted UNBC about the possibility of assessing issues and needs around seniors' housing. The data and information for the project was collected through 4 methods. These included:

- review of Census population data,
- key informant interviews,
- focus groups, and
- a survey which was distributed to each household in the community.

The interviews and focus groups were used to identify themes of particular importance to residents in Mackenzie. These themes, together with information from a review of the literature on aging and seniors' services, helped to inform the questionnaire survey. Because the research/fieldwork was conducted by a university based research team, we were bound by the standard protocol that research must pass through UNBC's Research Ethics Board for review and approval. Each component of the research received UNBC Ethics approval. The interviews, focus groups, and survey were carried out in Mackenzie during the Summer of 2004. The results were communicated back to the community in the Fall of 2004.

The household survey was distributed in June 2004 to each household in Mackenzie. Additional copies of the survey were available in the Mackenzie Mall from a table staffed by community volunteers. Respondents dropped-off their completed surveys in locked drop boxes located in the Mackenzie Recreation Centre, the District of Mackenzie Office, and at the Lotto Booth in the Mackenzie Mall. The CHMM radio station and the Mackenzie Times newspaper promoted awareness of the survey through public service press releases over the entire project period. A total of 381 surveys were completed and returned for a response rate of about 21%.

In any survey research, it is important to identify the degree to which the respondents could be said to represent their community. Compared to the 2001 Census, our survey respondents show a larger portion who were married and who are between the ages of 25 and 55 than is noted in the Census. They also show a greater share of female respondents, but the housing profile is rather like that of the Census, with single-family detached homes as the most common housing form.

In the analysis, five evaluative variables were used to explore possible differences among survey respondents in terms of their actions or attitudes. These evaluative variables were determined from other research into seniors' housing and services needs and include age, pension access, income, length of residency, and whether the respondent plans to retire in Mackenzie.

3.0 Literature Review

The provision of services in rural and small town places has long faced the challenge of geography. Large distances, coupled with low population densities, have meant higher service delivery costs. Recently, both public and private service providers have been withdrawing from costly service areas. Yet, services form an increasingly important component of community economic development in an age of flexible capital and global markets. They are especially important as rural and small town places deal with aging-in-place and the growth of a local seniors' population.

When planning for an elderly population it is important to realize that the elderly of the future are likely to have different characteristics compared with those of the past. They are more likely to have the time and desire for recreation and leisure activities, to have better education and income levels, and to have increased opportunities for healthy and active lifestyles, which together mean they will have different demands in contrast to younger age cohorts and previous generations. The environmental needs of an aging population are neighbourhood form and composition, transportation, housing, and health and social services. The services that are provided in an aging community should be focused on maintaining the independence of the elderly for as long as possible to delay institutionalization. In rural and small town places, improvements in older people's health should raise the age of entry into institutions, but this will require adequate provision of home and community based services to promote independent living.

Today, many elderly are choosing to age-in-place. This is a challenge for many rural and small town places in Canada that are not experienced in providing services to an older population. Aging-in-place is defined as the ability to remain in the community as one gets older. Aging-in-place has two dimensions. At one level it reflects the benefits and value of having seniors remain in their own homes as long as they are able. It also concerns the provision of in-home and community services to allow them to do so.

Aging-in-place also has to do with our attachment, experience, and images of our homes and the communities in which our homes are located. Aging as a biological, psychological, and social process is seen to influence the way in which individuals experience their environment. A person's interaction with the environment usually deteriorates as their functional health, social roles, and cognition declines. Programs and policies that promote aging-in-place respond to the needs of an aging population by allowing them to remain active in their environment for as long as possible. This will also require well targeted services.

Socio-economic differences can influence the need for senior services. Older residents with lower education and income levels are more likely to experience an expansion of morbidity. The upcoming baby boom retirees are expected to have higher education levels, higher incomes, and to be in better health, as they approach their retirement years. Communities that are planning for an increase in the concentration of the elderly population need to take these differences into consideration.

In resource town settings, the historic pattern of growth through the in-migration of young families has been replaced by aging-in-place. The experiences of the elderly in communities that have aged primarily through the out-migration of younger people are very different from those which have aged primarily through the in-migration of older persons. In rural and small town Canada where people are aging-in-place, these experiences are characterized by the absence of a continuum of social support, housing, and health services. Providing appropriate facilities and programs in social, cultural, and medical areas for small settlements is usually difficult as a result of the size and location of these rural and small town places. The rural and small town context is characterized by few alternative sources of services, and large distances to be traveled in order to obtain these services. Therefore, the elderly living in rural and small town places must overcome issues of mobility and accessibility in order to age-in-place.

The main housing concern of the elderly today is to avoid institutionalization for as long possible and to age in their homes and communities. The traditional form of shelter for the needy elderly was government funded institutions; however, the high costs associated with such institutions have shifted efforts to accommodate a range of shelter needs that are provided by the public and private sector. Five major housing related needs that compromise the ability of the elderly to remain in their homes are affordability, safety and security, structural adaptability to accommodate mental and physical changes, availability of in-home supportive assistance, and easy access to personal care and health services. Taken together, these needs create a ‘matrix’ of possible housing and service scenarios to meet the needs of a diverse older population.

Seniors are a tremendously diverse segment of the population. With gains in longevity, ‘old age’ may now occur over a period of 40 years or longer, and individual characteristics have been shown to influence how healthy or enjoyable this time of life can be. While demographers and policy makers often employ convenient, if arbitrary, age markers (i.e.; age of 65), there is a need to recognize the diversity among this age group. Such recognition is especially crucial for designing services and housing to serve people’s needs over time.

Research has shown differences between the ‘young-old’ (65-74), ‘old-old’ (75-84), and the ‘very old’ (85 years and older)¹. There are distinct differences between the needs, mobility, and interaction of these groups. In turn, these affect the demands placed on services and housing. There are also key gender differences in the composition of the seniors’ population. While the life expectancy of men is increasing, there are still more women surviving men. The predominance of women who are very old will have implications for the provision of both informal and formal support. Taken together, the diversity of the older population impacts not only the types of housing options, but also the level of care and services that need to be extended.

¹ The use of terms such as ‘young-old’ (65-74), ‘old-old’ (75-84), and the ‘very old’ (85 years and older) should be done with caution. Such terms are used in research as a convenient ‘shorthand’ to characterize general patterns and outcomes. However, aging is experienced by individuals and as such is greatly affected by personal experiences with illnesses, widowhood, and disabilities.

Housing Settings and Associated Service Support and Transportation Characteristics

	Housing Setting	Service Support Characteristics	Transportation Characteristics
Old Elderly	'Restrictive'-for the dependent elderly -Chronic Care Hospitals -Nursing Homes -Homes for the Aged	Personal and health care services on site. Some need for facility-based acute care services.	Limited and specific transport needs.
Middle Elderly	'Moderately Restrictive'-for the semi-dependent elderly. -Rest Homes -Homes of Children -Retirement Village	Limited mix of informal/formal support services on site. May be extensive demand for delivered, community care services. Some use of facility-based health, social and cultural services.	Increasing incidence of transport-dependence accompanied by decline in physical mobility.
Young Elderly	'Least Restrictive'-for the independent elderly. -Seniors Apartments -Retirement Subdivision -'Family' Home	No formal support services on site. Limited demand for delivered community care services but extensive use of some facility-based health, social and cultural services.	Transport not an issue for most elderly. Transport-dependent within some elderly households.

Note: Adapted from Joseph and Fuller 1991.

Seniors' independence, or the ability to remain in their own communities, is also related to their health and happiness. Health status depends on both physical and mental health, the availability of formal and informal support, and the utilization of services within their communities. It is important to recognize that seniors' independence is not solely a function of a persons' health status, but rather incorporates the social, physical, and cultural aspects of their lives. Together, these form the keys for maintaining seniors' independence.

To support older residents over time, the three basic components of long-term service delivery systems are 'institutional care', 'community-based services', and 'home-based services'.

- Institutional care provides 24 hour assistance to individuals who are no longer able to live in their homes because they need assistance with their activities of daily living.
- Community-based services include a broad range of services provided outside of institutional settings that help maintain the independence of seniors, including:
 - home care (home health, personal care, homemaker),
 - nutrition services (congregate and in-home),
 - mental health,
 - information and referral/ outreach,
 - case management,

- senior centers,
 - respite care,
 - adult day care,
 - housing, and
 - transportation.
- The home care strategy has held particular appeal in rural regions, where cost factors have usually inhibited the development of intermediate care housing. For seniors, provision of home care services like meals-on-wheels, home repair and maintenance, and in-home nursing care may help avoid or delay institutionalization.

For older rural and small town residents who have chronic health problems, but do not require long hospital stays, home care and community based services could help them maintain their independence. To the services issues we can add housing challenges. The considerable variation across the elderly population means that housing options must reflect their diversity. The three main types of housing options for an aging population are ‘independent’, ‘semi-independent’, and ‘dependent’ living units:

- *Independent living* is characterized by very little assistance from family and friends when residing in a single detached dwelling or an apartment style home.
- *Semi-independent living* is characterized by the use of more extensive support services from formal or informal networks of care. This is generally within the senior’s own home.
- *Dependent living* is often associated with a withdrawal from the community into an institutional care setting for persons in need of extensive health care services and personal care.

The traditional form of shelter for the needy elderly was government funded institutions; however, cost considerations have shifted efforts to accommodate a range of shelter needs. Five major housing related needs affect the ability of seniors to remain in their homes:

- affordability,
- safety and security,
- structural adaptability to accommodate mental and physical changes,
- availability of in-home supportive assistance, and
- easy access to personal care and health services.

In rural and small town places, the single detached house is the most common type of housing, with home ownership being the most common form of tenure. The lack of housing alternatives has implications for seniors who need to make housing adjustments over time. Limited housing options may restrict the ability of seniors to age-in-place and may cause premature institutionalization.

4.0 Population Background and Trends

Following the early population growth immediately after construction of Mackenzie’s townsite, the pattern has been one of relatively stable population numbers. While there has been considerable population turnover through in- and out-migration, the population only changed from about 5,000 people in 1976 to about 6,000 people in 1996. In 2001, the Census recorded a population closer to 5,000. This represents a population loss over the preceding five year period and mirrors a more general pattern of population losses over this same time period in towns across northern BC, including in the regional centre of Prince George.

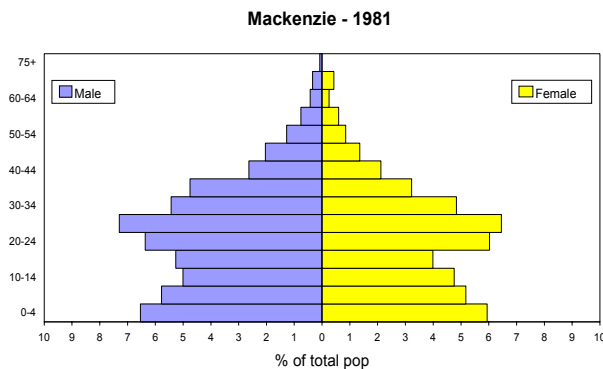
Population Counts

Date	Mackenzie	Prince George	BC
1976	5,340	59,929	2,392,790
1981	5,890	67,559	2,744,467
1986	5,545	67,621	2,883,367
1991	5,796	69,653	3,282,061
1996	5,995	74,150	3,724,500
2001	5,206	72,406	3,907,738

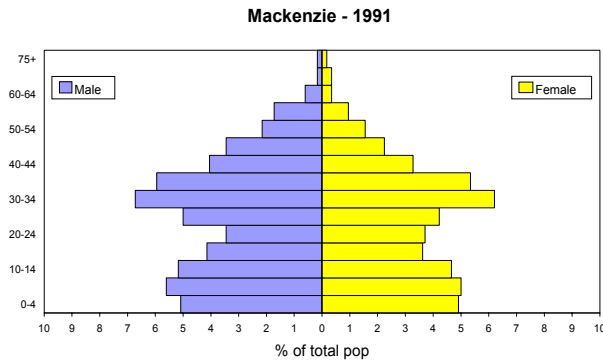
Source: Statistics Canada

Against this backdrop of population growth and then decline, was associated changes in the age structure of Mackenzie’s population. Population pyramids provide a ‘picture’ of the local population at any given point of time. Broken down into males and females, the pyramid identifies the proportion of the population within particular age groups. As a result, pyramids can provide a useful tool for illustrating how a local population is changing over time.

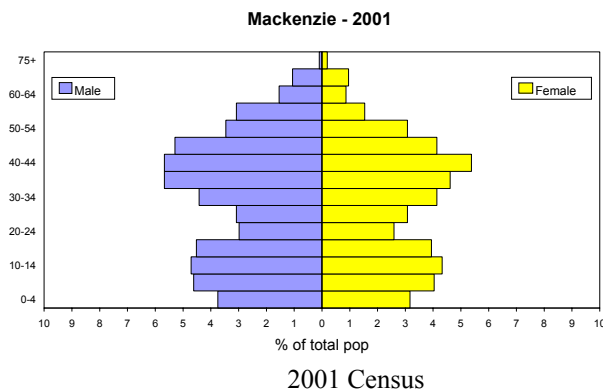
Mackenzie – 1981



Mackenzie – 1991



Mackenzie – 2001



The population pyramids show a pattern typical of resource towns in northern BC. In 1981, the population was dominated by young families, with a large proportion of the population in the 20 to 30 year age groups and the corresponding 0 to 10 year age groups. By 1991, there was an aging of the local population as more of the family households had adults in the 25 to 40 year age groups and children in the 5 to 15 year age groups. By 2001, population aging is again seen as family households are now concentrated in the 35 to 50 year age groups and there is a larger share of the population over age 50 than at any time in the past.

It should be noted that while the older population in Mackenzie is growing, this is limited to the 65 to 80 year age group. As yet there has not been much change in the size of the population over age 80. This may be the result of limited housing or care services.

The growth of the older population in Mackenzie is easily seen in the following two tables. In both Mackenzie, and more generally across the Fraser Fort George Regional District, the percent of the population aged 65 and older has increased over time. While the proportion of Mackenzie’s population that over the age of 65 is still comparatively small, this has the potential to change considerably over the next decade.

Percent of Population 65 Years and Older, 1971-2001

	Mackenzie	Fraser Fort George RD
1971	0.4	3.0
1976	0.6	3.2
1981	0.7	3.1
1986	0.8	4.0
1991	0.9	4.9
1996	1.2	5.7
2001	2.3	7.4

Source: Statistics Canada

As noted above, northern BC's resource dependent communities are experiencing 'Frontier Aging'. The workforce is aging-in-place as people continue with their occupational engagement. The growth in the share of the workforce aged 45 years and older is important because it not only highlights this aging process but identifies that a large share of the population is 'nearing retirement'. The size of the nearing retirement group has implications for future services and housing demands.

Percent Population of Workforce Aged 45 Years and Older, 1971-2001

	Mackenzie	Fraser Fort George RD
1971	22.8	41.2
1976	18.4	38.1
1981	20.4	39.8
1986	26.5	30.6
1991	31.9	49.0
1996	38.4	57.3
2001	63.7	77.7

Source: Statistics Canada

The preceding tables identified growth in the local seniors' population and that there is a 'bubble' of older workers approaching retirement. The question is how many of these older workers will remain in Mackenzie after they retire? To estimate their possible impact on Mackenzie's seniors' population, we calculated potential retention rates and created high, medium, and low estimates as to numbers of retiring people who may stay in town.

In all of these estimates, we use 10 year time horizons (1981-1991, 1991-2001). We then compare the size of the population that was aged 55 to 64 years of age in the first time period (1981 for example) against the population which is then aged 65 to 74 years ten years later in the second time period (1991 for example). Three elements impact population change as this group ages. The first is in-migration, the second is out-migration, and the third is death. In this study we are assuming that rates of mortality have not, and will not, change significantly between 1981 and 2011. We are also assuming that the in-migration of a large number of seniors will not be significant. As a result, we call this change in the size of the population from the first time period to a period ten years later as the ‘retention rate’ (how many of the pre-retirement age group are we able to keep in the community 10 years later).

The population retention rates in Mackenzie from 1981 to 2001 are shown in the table below. Between 1981 and 1991, retention of the pre-retirement group into their post-retirement years was only 25%. Between 1991 and 2001, however, the retention rates increased to nearly 96%.

**Population Retention Rates in Mackenzie
1981-2001 (Percent)**

	55-64yrs to 65-74yrs
1981-1991	25.0
1991-2001	95.5

Source: Statistics Canada

To estimate growth in Mackenzie’s retirement population to the year 2011, we use three scenarios. The low range scenario is the 25% noted in Mackenzie between 1981 and 1991. The mid range estimate is the 70.3% average retention rate for the Fraser Fort George Regional District for the entire 1981 to 2001 period. The high estimate is the nearly 96% retention rate in Mackenzie from 1991 to 2001.

In 2001, there were 355 people in Mackenzie who were aged 55 to 64 years. Multiplying by each of the three scenario percentages yields potential numbers of ‘new retirees’ who will be retained in Mackenzie to the year 2011. The high estimate range shows an addition of approximately 340 seniors in the age 65 to 74 year group, while the low estimate includes approximately 88 seniors in that same 65 to 74 year age group. We can have a fair level of confidence that the low estimate will be exceeded. This is partially because the 25% retention level corresponds to the approximate share of the local population who, in the household survey, indicated that they are already planning to retire in Mackenzie. If one adds to this number the people who chose not to leave town due to family and friends networks, those who cannot afford to relocate, and those who might return to make use of support networks as they age, the number of seniors in the

community has the capacity to grow considerably. In 2001, there were approximately 140 people over the age of 65. By 2011, this number could easily double.

**Estimate of Potential Growth of Seniors
in Mackenzie, 2001 to 2011**

Mackenzie	
High	339
Mid	249
Low	88

Source: Statistics Canada

5.0 Report Findings

While the data collected for the project came from four sources (Census population data, key informant interviews, focus groups, and a community survey) this section of the project focuses upon the community survey. In the analysis, the five evaluative variables (age, pension coverage, income, length of residency, and plans to retire in town) were used to explore possible differences in responses across the sample.

Most of the survey respondents were married and were between the ages of 25 and 55 years. In terms of education, most respondents had additional training after high school. For employment, most respondents were working full time and many others were working on a part time or temporary basis. About 12% of respondents were retired. The high level of full time work in Mackenzie’s forestry and mill sectors is reflected in high annual household incomes. About 40% of respondents reported earning more than \$80,000. More than half of respondents had lived in Mackenzie for more that 20 years, and almost 20% have lived in town more than 30 years. These long term residents have a connection to Mackenzie that many wish to continue through their retirement years.

In terms of housing, most respondents are home owners residing in single detached dwellings geared to young families. While much of the housing in Mackenzie is fairly new and requires only regular maintenance, it is not necessarily well suited to an aging population. Important here are the prevalence of large houses and stairs to enter these houses. Likewise, a majority or respondents also called for construction of independent living and assisted living units, while close to half called for long term care, palliative care, and respite care units. While many rural and small town places have lacked this continuum of care options, the need is clearly recognized by our survey respondents. Most thought the funding for seniors housing should come from the

federal and provincial governments, with about half also looking to the municipal government for funding assistance.

While most respondents use their own cars or trucks to get around town, almost half also walk to activities and services. In general, there was a high degree of satisfaction with the condition of sidewalks and an even greater level of satisfaction with road maintenance. Sidewalk and parking lot ice coverage needs some attention. The respondents made a number of suggestions for enabling easier movement around town and for connectivity with services outside of town. The most common response was a need to provide on-demand shuttle bus service within the community, something that could be extended to connect to services in Prince George. There was also considerable support for a light controlled crosswalk across Mackenzie Boulevard.

Mackenzie was a planned community designed to promote active local participation. The survey results suggest that residents remain very active in local groups and events, tend to be satisfied with clubs or organizations running those events, and have a high degree of satisfaction with community facilities (the exceptions were local grocery and retail shopping, and local medical and health services – with long term residents most concerned with the latter). A large majority of respondents suggested that Mackenzie needs a housing complex for older residents and a seniors' activity centre. A central location for a seniors' housing complex was preferred, with proximity to the hospital, the shopping area, or the Ernie Bodin Centre being most often mentioned. Together, these findings suggest broad support for improved medical and health services, together with services geared towards enabling older residents to remain in their own homes or in assisted living arrangements.

Overall, few respondents were concerned with aspects of the physical environment that might limit personal mobility, with the exception of concern over ice on sidewalks, or a lack of sidewalks in particular parts of town. These were especially of concern to older residents.

The results suggest that most Mackenzie residents are able to draw upon a high level of support from family and friends living in town. This is important as social networks are critical for seniors to obtain care when needed. The availability of local support from family and friends also appears to be the most important influence on whether or not older residents are likely to retire in Mackenzie.

Most of the retirees we surveyed are in the 'young elderly' category (i.e., retired less than ten years), suggesting that Mackenzie has yet to experience the brunt of the more intense service demands associated with advanced aging. In terms of retirement preparations amongst older adults, most non-retired respondents indicated that they do not intend to remain in town after retirement, with nearly two-thirds indicating that they perceived the cost of living in Mackenzie is not reasonable for seniors. The 'benefits of a small community' and having family and friends in town were cited as the main advantages of retiring in Mackenzie, while the most often cited disadvantages are the weather, limited local health services, and distances to specialized health care.

A critical issue for retirement planning is financial security. Our survey suggests that a considerable share of Mackenzie residents will draw on the Canadian Pension Plan alone, while less than 60% have some form of personal RRSP/RIF, and under half will draw on a union or company pension. Of retirees, just over three-quarters said they draw on benefits from more than one pension. Even with the presence of pension funds, there are added costs associated with retiring in rural and remote communities. For instance, few pensions would cover medical travel and expenses for out-of-town services. The results reinforce earlier suggestions about the need for a seniors' housing complex, improved local health services geared to an older population, and a local-regional shuttle service to facilitate access to needed services.

6.0 Summary

The number of people aged 65 and older in Mackenzie more than doubled between 1991 and 2001, and every indication is that the number will once again double by 2011. This is an important aspect of a demographic shift that has been taking place in Mackenzie for two decades. Rather than seeing population aging as a concern or threat to community development, these changes need to be better understood and embraced. More people are choosing to stay after their retirement, others still have moved to Mackenzie to be near loved ones. At the same time, having more seniors around also brings with it specific challenges around the provision of housing and support services.

Seniors today are different from those of the past. They typically earned higher wages throughout their working lives, attained high levels of education, are healthier and more active than seniors of the past, and stay active and engaged in their communities well past their age of retirement. The data we collected in the community survey suggests that many seniors and older adults in Mackenzie share these characteristics. Nevertheless, there are some in the community for whom low levels of personal savings and inadequate pensions make them particularly vulnerable to the impacts of physical and cognitive impairment, especially in a community like Mackenzie where there is at present a limited ability to obtain health services *in situ*.

According to the survey results, the main advantages of retiring in Mackenzie were seen to be the 'benefits of a small community' and having family and friends in town. Most residents draw upon a high level of social support from family and friends. The majority of survey respondents indicated they are active in, and satisfied with, the various social clubs and recreational activities around town.

The two greatest areas of concern arising from the survey are the limited availability of health services in town, and the lack of suitable housing options in Mackenzie to meet the needs of an aging population. Many respondents expressed a desire for a seniors' housing complex as an important step towards addressing both of these areas of concern. Through the survey, respondents expressed a desire that the seniors' housing be centrally located (near health and shopping/recreation services) and that it include a range of housing options. In addition, respondents had suggestions for other initiatives to improve the overall quality of life of seniors

in Mackenzie, and to support their ability to remain in their own homes. These suggestions include a new seniors' activity centre, more attention to the clearance of ice on sidewalks and a local-regional shuttle service to facilitate access to needed services.