



Better at Home

Parksville Community
Development Report

February 2013

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Acknowledgements

My deep gratitude goes to the seniors and family members who shared their stories and the service providers who shared their passion and commitment throughout this process.

Community development is a journey of laying the groundwork by asking questions, uncovering concerns, exploring options and learning together. The results in the following pages cannot begin to reflect the care and level of commitment that exists in the Oceanside area for issues related to optimal aging.

Kudos must also go to the United Way for breaking the mold of traditional, competitive funding processes to add an authentic community development approach in the selection and distribution of Better at Home Program funds. Thank you to the United Way Central and Northern Vancouver Island as well as the Provincial support team at the United Way of the Lower Mainland.

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Better at Home Program Introduction

“Seniors are an important and growing part of our communities, and their active involvement enriches everyone’s lives. To ensure that seniors continue to play an active role in our communities, they often need support to live independently in their own homes, surrounded by family, friends, and neighbours. United Way of the Lower Mainland supports seniors to age with dignity and with funding provided by the BC government, will manage the Better at Home program in up to 60 communities across BC. Better at Home is designed to assist seniors with simple day-to-day tasks, thereby helping seniors maintain their independence and stay connected with their community. Better at Home is designed to be adaptable to the characteristics of a community and will address the specific needs of local seniors.”

Better at Home, United Way of the Lower Mainland

In the fall of 2012, Parksville was identified as a potential Better at Home site. Tracy Smyth was contracted as community developer to assess community readiness, identify community assets, needs and priorities in regards to the basket of Better at Home services, and to help identify a potential lead organization best suited in the community to deliver the program.

The basket of Better at Home services include:



This report reflects the findings of the community developer and will be used by the lead organization to design an appropriate local Better at Home Program that is responsive to the Parksville area.

Local Community Development Approach & Findings

Communities are full of assets; skills, knowledge, historical context, connections, financial resources and other gifts among citizens. A process to rediscover and mobilize these assets towards building a community that supports its local residents is known as asset-based community development.

“Abundance is everywhere and change is made by a citizen having the power to have vision and to work with others to make the vision come true.” John McKnight

In Parksville, the community developer was an outsider and took the position of learner to seek out and hear the story of the area in order to identify the local assets that would support a successful implementation of the Better at Home Program. The fusion of facts and stories about the area set the stage for consensus-based decisions about the lead agency for the program and how the program might look unique for Parksville residents. The community development activities included:

- Documentary analysis of reports, project materials and information provided by stakeholder groups;
 - Best of Care Report: Getting it Right For Seniors in British Columbia by the Office of the Ombudsperson, 2012
 - City of Parksville Community Profile, 2007
 - City of Parksville Senior Friendly Survey 2006 Report
 - Local Health Area Profile for Qualicum (69) prepared by Vancouver Island Health Authority, 2012
 - Statistics Canada, Census Reports
 - Making Meaningful Connections: A Profile of Social Isolation Among Older Adults in Small Town & Small City, British Columbia, 2006
 - Medical Health Officer’s Report to the City of Parksville Council on December 3, 2012,
 - United Way of the Lower Mainland Seniors Vulnerability Report, 2011
 - Video: The Remaining Light produced by the Canadian Centre for Policy Alternatives, 2011
- Eighteen interviews with seniors and service providers across the community. The list of interviewees emerged based on recommendations by local stakeholders as well as a targeted approach to include a range of voices and perspectives.
- Four focus groups
- Web-based and paper surveys

- A Community Forum that had a total attendance of 22 people, including both seniors and service providers
- A focused stakeholders meeting to determine the lead agency and program partners that had 10 attendees.

In total, the process linked approximately 21 community agencies, 50 service providers and 75 seniors to the Better at Home process. An important principle of the Community Development process was the emphasis on gathering information directly from seniors themselves, emphasizing that seniors' care should be self-determined as much as possible.

Community Profile



Description of the local seniors' population

The story of the area, as read in the City of Parksville Community Profile (2007), celebrates the fact that Vancouver Island's south eastern coast has been the home of the Coast Salish First Nations people for thousands of years. The Coast Salish had villages and settlements extending from Victoria to Campbell River when Captain George Vancouver explored the area's coast in 1792. In the 1860's, a trail was blazed up island from Victoria to Comox. The area in which Parksville is located was then known as "Englishman's River" after an Englishman supposedly died crossing the unnamed river in the 1850's. By 1889, the area had a population of 38, enough to become the official settlement of Parksville, named after John Parks, the areas first postmaster. In 1945 Parksville was incorporated as a village, becoming a town in 1978. By 1981, the population exceeded 5,000 persons and Parksville officially became a City. In the mid 1990's

Parksville reached an unprecedented growth rate that consistently exceeded 5% per year, resulting in a 1997 population of just over 10,000 persons.

The story of Parksville continues to evolve around a population explosion and the coming of a “silver tsunami” as described by local City Councillor Marc Lefebvre. In 2011, Parksville boasted a population of 11,975 with an estimated growth of 31% over the next eighteen years. Most significant, however, is that the population growth of seniors aged 75 and over which is expected to be 110.3% over the same time period (Statistics Canada, 2011; VIHA, 2012).

It became apparent early in the process that while Parksville and neighbouring community of Qualicum Beach are separate municipalities, the local residents and service organizations view themselves as part of the “Oceanside” area which includes both cities as well as outlying rural areas. Parksville and Qualicum Beach have the highest proportion of seniors in Canada (Statistics Canada, 2011). Within this aging population, 22.7% seniors live alone and 5.4% are considered to be living below the poverty line (VIHA, 2012). The following tables highlight that the target population for the Better at Home program certainly exists in this area.

Table 1 – Population and Age Demographics in the City of Parksville

City Parksville	Total Population	Men (as % age of population)	Women (as % age of population)
Total	27,825	46%	54%
65-69 years	2,985	45%	55%
70-74 years	2,590	48%	52%
75-79 years	2,100	48%	52%
80-84 years	1,595	47%	53%
85 years and older	1,480	38%	62%

Table 2 – Population and Age Demographics for the Oceanside Area

	Total Population for Parksville and Qualicum (municipalities)	Total Population for Local Health Area 69 (includes rural communities)
Total	36,515	45,291
65-69 years	4,040	
70-74 years	3,510	
75-79 years	2,930	
80-84 years	2,240	
85 years and older	2,100	

Statistics Canada, 2011

It should be noted that Statistics Canada data does not provide a good reflection of information about the local First Nation populations. There are two First Nations in the geographic area – Snaw-Naw-As to the south in Lantzville and Qualicum First Nation with its band office in Qualicum.

Locally generated information also provides a detailed perspective on the local senior's population. The City of Parksville undertook a survey of 356 seniors to gather information to help make responsive social planning decision for senior citizens (2006). The key findings of this report paint a further picture about local residents. A high percentage of seniors own their homes (74%) while a very high percentage were experiencing mobility problems within their homes (87%). In terms of community involvement, the percentage of Parksville seniors who volunteer is 50%. About 9% of the senior population does not volunteer but would like to. The reasons given for not volunteering indicate that health and mobility are the biggest factors, followed by being too busy, family responsibilities and no transportation.

Alongside the “numbers story,” the interview and focus group data revealed that the area is commonly a place where people retire to. Many stories that were shared were within the context that the resident moved here after their children had grown and, in fact, they were geographically distanced from family support.



Summary of Community Assets

“Community assets include both stakeholders (a person, group, and organizations with investments in senior’s health and wellbeing) and services (non-medical and medical support services and programs available for seniors that help them live longer in their own homes and remain engaged in the community).”

Better at Home, United Way of the Lower Mainland

What services are currently **working well** to support seniors living independently?

This turned out to be an important question to those who contributed in interviews and focus groups. There was a distinct appeal to both the potential lead agency and the United Way to ensure that this new program didn’t come into the community as a fragmented add-on or independent “silo” and was used, instead, to strengthen what is already working well.

The following is a compilation of the services and organizations that were specifically noted as helpful in supporting seniors to live independently. It should be noted that the presence of a plus/minus sign indicates that there were mixed experiences among respondents. Typically people felt that there was a lot of potential in these services but they did not always meet the person’s needs.

*Oceanside Community Policing Programs	Society of Organized Services	Red Cross Loan Cupboard	Grocery Delivery - QF(free), Thrifty’s(cost)	Parksville Senior’s Drop-In Centre
Oceanside Volunteer Association	Oceanside Hospice	*VIHA Home & Community Care +/-	*Oceanside Health Aging Initiative	*NEW Oceanside Health Centre
Local Physicians	Lifeline	Churches	Handi-dart +/-	Businesses that deliver (restaurants, pharmacies, taxi’s)
White Cane Club	VIU Elder College	Association for Community Living	Vancouver Island Public Library	Seniors Outreach Art Program
Public Transportation +/-	Victim Services, RCMP	VIHA’s redesign of primary care strategy	VIHA Safety Assessments +/-	Salvation Army
	*Sue’s Senior Care & Nurse Next Door	VIHA’s Volunteer Resources	*Centre for Healthy Aging & Community Engaged Scholarship	

The assets marked with an asterisk (*) may require some additional explanation as follows;

- * Oceanside Community Policing (2 key community programs in particular)
 - Oceanside Gatekeepers – confidential referral line for individuals who suspect adult abuse, neglect or self-neglect.
 - Keep In Touch (KIT) – Telephone program to provide a sense of security for people living alone.

- * Vancouver Island Health Authority (VIHA) Home and Community Care
 - Health care and personal support services provided to eligible people served by VIHA. These services may be provided on a short or long term basis and may change as client needs change. Eligibility is based on assessment.

- * Oceanside Healthy Aging Initiative
 - An open, interagency collaborative with representatives from senior serving organizations.

- * Oceanside Health Centre
 - Expected to open June 2013, the Centre will provide integrated primary health care and community care, urgent health care and other onsite services. The Oceanside Health Centre will have collaborative work space for up to ten healthcare providers, family physicians and nurse practitioners who are supported by an interdisciplinary team of staff delivering primary care services. Primary health care includes a broad range of services targeted at prevention, health promotion and chronic disease management.

- * Sue’s Seniors Care Inc. and Nurse Next Door – private services offering caregiving, housekeeping and respite. Nurse Next Door also provides more intensive private home nursing support.

- * Centre for Healthy Aging and Community Engaged Scholarship
 - A Vancouver Island University Project located at the Parksville-Qualicum Centre Campus dedicated to excellence in aging research and education through partnerships with seniors, their caregivers, senior’s organizations, community-based researchers, academic faculty and students, the community at large and other Centres for aging provincially and nationally.

Factors of Vulnerability

“Wellbeing: the presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: good living standards, robust health, a sustainable environment, vital communities, an educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture.”

Canadian Index of Wellbeing

The analysis of interview, focus group and community forum feedback suggest that the two significant themes of vulnerability for seniors are safety and social isolation, both of which are validated by both provincial and national research on aging (Cloutier-Fisher et. al.; 2006; United Way, 2011; Statistics Canada, 2006).

Safety

The concern for safety was a common thread through many stories shared during the Better at Home process. Preventing and coping with physical safety issues such as falls and polypharmacy as well as general safety awareness and education were highlighted as critically important. Indirectly related to this vulnerability were suggestions for proactive life course planning support for seniors as well as the Better at Home Program acting as a repository of referral sources to provide trustworthy recommendations to foster feelings of personal safety.

Social Isolation

There are many factors that contribute to social isolation among seniors including physical environment, distance from family and friends, problems negotiating transportation and living alone (Cloutier_Fisher et. al.) People participating in the Better at Home community development process identified the most common barrier to maintaining and growing social networks among seniors in Parksville is lack of transportation. Stories were shared about having limited access to transportation (for a variety of reasons) which reduced the ability to participate in social groups, to visit loved ones in hospital or facilities and created a disconnection from social activities and events.

The following are three, local case studies that provide a lens of lived experience to these factors of vulnerability.

A couple in their 90's...he is the caregiver of his 97 year old wife. They have become socially isolated and lonely due largely to the fact that the effort required for him to get his wife out of their house exceeds his capacity.

A widow...she has the signs of hoarding as a symptom of being overwhelmed. Her loneliness exacerbates her fears around losing any of her "treasures." The accumulation of both items and papers is beginning to create physical safety issues within her home.

A couple in their 80's...she is the primary caregiver for her husband who has Alzheimer's. He is physically healthy while she struggles with her own chronic illnesses. She is unable to meet her own health needs because she is unable to leave her husband alone.



Local needs from the Better at Home's basket of services

“Better at Home is designed to assist seniors with simple day-to-day tasks, thereby helping seniors maintain their independence and stay connected with their community... Better at Home is designed to be adaptable to the characteristics of a community and will address specific needs of local seniors. Services will be chosen from the basket of services.”

Better at Home, United Way of the Lower Mainland

What **non-medical** home supports from the Better at Home basket of services are needed in this community? This was a consistent question asked across interviews, surveys and focus groups. The responses sparked conversation that connected each basket of services with specific local need.

Figure 1 shows a rough representation of the priority given to each basket of service. The large font represents the service area that more people indicated was needed in the community. The smallest fonts suggest that these services are less in demand.

Figure 1



More specifically, under these broad categories, seniors and senior serving organizations described the following services that they consider areas in which, currently, local needs are not well met:

1. Friendly visiting

- By phone or in person
- A companion, to go shopping, to cook together, to go on errands, to go to medical appointments. “Getting out” with a companion was connected with the desire for transportation support

- Personal support in decision making, both financial and generally navigating the services that they need, having someone (they know) to ask for help
- Caregiver support
- Creating social connections for seniors
- Individualized to need and context
- With continuity (same volunteer where possible) to build trust and relationship
- Able to offer most types of services through this connection

2. Transportation

- Stories reflected the limitations and mobility barriers to accessing handi-dart and public bus services
- Sometimes suggested to get to medical appointments but more often wanted for errands and outings such as social events, classes, church and the library
- As a means of getting people out of their homes to shop (groceries or other)
- Taking people to hospital or facilities to visit friends and family

3. Light House Work

- For those with limited mobility (sweeping, vacuuming, getting into corners, laundry, changing sheets)
- Suggested to be part of a friendly visit (if within ability of the volunteer)
- A desire for organizing paperwork and support when downsizing (to prevent hoarding)
- It was noted that attempts at housekeeping can be dangerous (for example tripping over the vacuum)
- Concern expressed that an unkempt home can be detrimental to social contacts
- Pet care – there was some dissention about the priority of pet care to more direct senior's care. This service may best be served in within the context of a friendly visit.

4. Light Home Repairs

- Helping to set up or adjust for medical equipment/supports or adjusting the house based on a safety assessment
- Changing a light bulb & fixing small broken things were the most frequent examples given
- Assistance with moving residences

5. Yard Work & Snow Removal

- Because snow fall is infrequent, it was often considered part of Yard Work

- This was often not mentioned when an individual lived in a complex while for those still living in a house, yard work was described as overwhelming

6. Grocery Shopping

- Current local services provide personal shoppers and delivery for free or low cost. There may be help require to reducing any barriers to this service (eg. seniors intimidated to use it for the first time)
- Many felt this service would be best accomplished by taking the senior out to help with food purchasing and transportation

7. Other

- Filling out forms (applications, taxes)
- Offering computer skills
- Helping to find community resources, eg. providing a list of reliable, trustworthy contractors
- Meal planning and meal prep (may be outside the scope of Better at Home)
- Advocacy in the “system” (may be outside the scope of Better at Home)
- Interpretation of doctor visits (may be outside the scope of Better at Home)
- Medication reminders (may be outside the scope of Better at Home)

Community Readiness

Explanation of community readiness that reflects community consultations and meetings

Information obtained through the Community Development process demonstrated that Parksville, and more particularly, the Oceanside area is well positioned to begin delivery of the Better at Home program basket of services.

Potential risks going forward

1. Better at Home's focus on non-medical service may exacerbate an artificial and dangerous dichotomy between medical and non-medical supports to seniors. It was suggested that this program be introduced as an integrated part of a holistic care plan.
2. Because volunteers are an integral part of this program, concern was raised about the limited pool of volunteers who are generally seniors, themselves. It was suggested to incorporate strong volunteer engagement, development and support strategies.
3. Beginning a significant community service with only short term funding can be short sighted. This issue was a factor in choosing a lead agency that had strong program infrastructure and an ideal physical location already in place.

“United way is working in several ways to secure ongoing funding and help sustain local programs. For example, there is a provincial Advisory Committee in place who has the mandate to look at program sustainability.” **Better at Home**

4. There was insufficient engagement with local First Nations to determine how this program can support aboriginal seniors most effectively and respectfully.
5. A concern was expressed about setting up the Better at Home Program in a way that fostered a dependence on the service.
6. The sheer volume of seniors in the area and the increasing demographic projections suggest that while the needs have been identified, they will grow to an unmanageable level as the population grows and ages. At the same time, expanding the service boundary to include the entire area of District 69 increases costs due to geography and size of target population, further limiting impact.

Local Better at Home Program Details

Preferred Services and Preferred Service Approach

In summary, the suggestion that emerged from the Community Forum was that the Better at Home Program in the Oceanside communities be delivered as a comprehensive and individualized service tailored to the participating senior and their need. The delivery of the Better at Home basket of services should revolve around “friendly visiting” – a relationship based model of support that may include other services such as transportation, home repairs, yard work, housekeeping and grocery shopping as required. The program should also act as the “go-to” service that will connect people with the people or organizations that they need. The program should be allied with VIHA Home and Community Care (and related teams at the Oceanside Health Centre) to be a part of a holistic approach to aging in place and delivered by well-trained and supported volunteers.

Selection Process

At the time of the scheduled Community Forum, three potential lead agencies presented themselves as interested and open to pursuing the role of lead agency for the Better at Home Program; the Society of Organized Services, Red Cross and Mid Island Abilities and Independent Living Society. Each organized interacted with the forum participants, providing details about their capacity and commitment and answering questions publicly. All three organizations were very transparent in their willingness to reflect on the qualities and criteria identified by the consultation process to ensure that they were indeed the best fit for the program within the Oceanside area. The priority of a local organization with an established volunteer base became apparent and at the beginning of the Stakeholders meeting both the Red Cross and Mid Island Abilities and Independent Living Society changed their interest from becoming a lead agency to becoming supporting partners and in doing so, graciously endorsed the Society of Organized Services for the Better at Home Program in Parksville.

Proposed Lead Agency

The Society of Organized Services (SOS) had been researching and patiently waiting for the opportunity for the Better at Home program funding to come to Parksville. They were also the organization that was most often suggested as the lead agency in interviews, surveys and focus groups.

SOS has been providing services since 1968. One of their earliest services was, in fact, medical appointment transportation. SOS has approximately 38 staff members and over 350 active volunteers. While their current physical location is within the city of Parksville, their membership is over 950 people living across the District 69 area (Nanoose in the south to Bowser in the north and from the coast west to Whiskey Creek).

Mission - To work collaboratively with community stakeholders to identify and ensure the provision of a safety net of select, supplementary social services and resources not adequately available in District 69.

Vision - Our vision is that all individuals and families in our community have the opportunity to live independent, healthy and productive lives.

SOS current services include:

- *Medical transportation provides assistance for people getting to medical appointments when no alternative transportation is available.*
- *Hardship Emergency Support and Referral*
- *Income Tax Returns completed by trained volunteers*
- *Meals on Wheels, meals delivered Monday, Wednesday and Fridays*
- *Personal Development and Counselling – referrals to individual and group counselling, financial assistance available*
- *Seniors are Talking Program – weekly social drop-in and bi-monthly excursions*
- *Seniors in Motion – connecting seniors to SOS services*
- *Thrift Shop – social enterprise*

SOS, the community participants agreed, has the infrastructure and experience to take on the implementation of the Better at Home Program.

Key Qualities for Lead Agency Selection (agreed upon at community forum)

While the SOS strongly demonstrates meeting the key qualities listed below, this section serves as a reminder of the values and expectations of the Better at Home lead agency as described by seniors and local senior serving organizations.



Suggested opportunities for service integration/coordination

Seamless services that provide greater continuity for seniors are possible through enhanced collaborations between organizations offering both medical and non-medical supports. Relationship strengthening between the Better at Home Program and the Vancouver Island Health Authority is required. Multiple connection points are possible;

- a. through a proposed Oceanside Health Network development process
- b. within the Oceanside Health Centre collaborative service delivery model – which will include integrated health care teams
- c. through the department of Volunteer Resources

One practical example of how this partnership can be actualized includes collaborative activity and enhanced communication around the VIHA safety assessment. Feedback indicated that this is a valuable, high priority service but there are long waits, often resulting in the assessment occurring AFTER a critical incident or accident has happened.

How can Better at Home and VIHA work together to provide a preventative service offered to the community not reliant on a referral system?

How can Better at Home support seniors to make the necessary changes in their homes after the assessment is complete?

Is there a role for the Better at Home Program to provide a complementary educational component?

In addition to strengthening a partnership with VIHA, other potential partnerships were revealed in the community development process;

- Red Cross - space for a local medical equipment loan site
- Mid Island Ability and Independent Living Society – current client base overlap (people with disabilities)
- Oceanside Hospice – Better at Home-type services currently offered with Hospice volunteers to palliative clients and caregivers.
- To expand target, explore Lifeline partnership – 30% of lifeline clients (out of 1500) live in the Oceanside area and many are ideal Better at Home Program users.

A final suggestion to enhance service integration and coordination is to make use of and leverage the Oceanside Healthy Aging Initiative as an advisory body. It was acknowledged in the Stakeholders meeting that creating new collaborative groups and program advisory committees take time and money, better spent on service delivery if something already exists in the

community. As noted in the recommendations and next steps, The Oceanside Healthy Aging Initiative is leading a local movement to explore connectivity and collaborative action around healthy aging which offers a potential to explore a link with the Better at Home Program.

“An intentional network is a network of people and organizations that are working on the same issue or vision, together with structures that have been created to mobilize the energy of these organizations.”

June Holley, Network Weaver Handbook, 2012

Recommendations for Next Steps

1. Society of Organized Services to submit funding application to United Way.
2. Establish a formal connection with the Vancouver Island Health Authority with the goal of finding a liaison for the Better at Home Program
3. Participate in the Oceanside Health Aging Initiative’s March 13th Community Connectivity Forum
4. Participate in the April 6th Oceanside Health and Wellness Fair to promote the new service to seniors and community organizations.

Appendix

Met or consulted with representatives from the following agencies, organizations and businesses:

- Oceanside Division of Family Practice
- Oceanside Hospice
- Society of Organized Services (management and staff)
- Parksville Senior's Drop In Centre
- Oceanside Volunteer Association
- Oceanside Community Policing
- City of Parksville
- VIU Centre for Health Aging
- Arrowsmith Community Enhancement Society
- BC Critical Response Network Association
- Red Cross (regional management, local volunteer)
- Vancouver Health Authority (Regional Management, local management, staff)
- Nanaimo Lifeline
- Stanford.....
- Elder College, Vancouver Island University
- Federation of Oceanside Resident Associations
- Parksville Golden Oldies Sports Association
- Mid Island Abilities and Independent Living
- Greater Victoria Eldercare Foundation

Meetings attended

- OHAI
- VIHA Home and Community Care Staff Meeting
- Seniors are Talking

Contacts attempted, invitations extended to community meeting with no response

- Canadian Cancer Society
- Lions Housing Association
- Kiwanis Club
- Kwumut Lelum
- Qualicum Band
- All Pharmacies
- BCGEU representative
- RCMP
- Salvation Army
- Vancouver Island Regional Library
- District 69 Family Resource Assoc.
- Parksville Newcomers Club
- Business – mobility stuff
- Parksville Fellowship Baptist Church
- Oceanside Community Church
- Arbutus Grove Church
- St. Anne's St. Edmund's Anglican Church

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