

Age-Friendly Rural and Remote Communities Initiative

Guysborough County, Nova Scotia



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Guysborough County

A project of the FPT Ministers Responsible for Seniors

Summary Report • January 2008

Credits

The Guysborough County Rural and Remote Communities site Age Friendly Project was jointly sponsored by the Nova Scotia Department of Seniors in cooperation with other jurisdictions within the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum and the Public Health Agency of Canada.

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*Report does not represent the views or policies of the Province of Nova Scotia.

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Message from the Minister of Seniors

The Government of Nova Scotia has made seniors a priority and recognizes the impact the province's aging population will have on its economy and way of life.

The Age-Friendly Rural/Remote Communities Project will play a vital role in helping government plan for Nova Scotia's future. A large portion of Nova Scotia's seniors live in rural and remote areas and we need to know how more supportive environments can be developed for our aging populations.

This research, conducted by the Nova Scotia Centre on Aging, will help us to produce a practical guide to stimulate and guide advocacy, community development and policy change to make rural communities in Nova Scotia more age friendly.

Nova Scotia is taking on the challenge of addressing the needs of today's seniors and considering how the province will prepare its programs, services, and infrastructure for the seniors of tomorrow.

The Department of Seniors is proud to present the findings of this research on age-friendly communities, and remains committed to taking a progressive approach to responding to demographic aging and community development.

*The Honourable Richard Hurlburt
Acting Minister of Seniors
on behalf of the Honourable Carolyn Bolivar-Getson*

Executive Summary

This report presents findings from the Age-Friendly Rural/Remote Communities Initiative sponsored by the Nova Scotia Department of Seniors, the Public Health Agency of Canada (PHAC) and FPT Ministers Responsible for Seniors Forum, and conducted through the Nova Scotia Centre on Aging. The project, which was conducted in two phases, is modeled after the World Health Organization (WHO) Global Age-Friendly Cities project carried out in late 2006 and early 2007. The first phase of the project, explored the age-friendliness of 11 communities across Canada, including the Village of Guysborough in Nova Scotia. The overall objectives of the Initiative were to explore and assess the social and physical environment of each community in terms of age-friendliness, and to elicit suggestions from participants regarding what makes communities age friendly. A follow-up phase, sponsored by the Department of Seniors, added to the study three more communities in Guysborough. The Department hoped to use the information gathered through the research to produce a practical guide to stimulate and guide advocacy, community development and policy change to make rural communities in Nova Scotia more age friendly.

Participants were asked to comment on eight topic areas: 1) Outdoor spaces and buildings; 2) Transportation; 3) Housing; 4) Respect and social inclusion; 5) Social participation; 6) Communication and information; 7) Civic participation and employment; 8) Community support and health services.

Forty-one individuals participated directly in the research, including 38 seniors and three caregivers. In addition to the four communities where the focus groups were held, a total of 17 small communities in Guysborough County were represented in the four focus groups: Larry's River, Stillwater, Waternish, Country Harbour, Aspen, Mulgrave, Boylston, Monastery, Lincolnville, Glenelg, Lower Caledonia, St. Francis Harbour, Guysborough Intervale, Lesterdale, Erinville, North Riverside, and Queensport. Data collection began in early April of 2007 and concluded a month later.

Findings

Age-Friendly Features

Seniors who are reasonably healthy and active, and who have access to transportation, find Guysborough County a quiet, picturesque and friendly place to live. Age-friendly features include the slow pace of life, excellent local health care facilities and physicians, the low volume of traffic, the relative lack of crime, and supportive family, friends, and seniors' groups. Positive aspects of outdoor spaces and buildings include well-ploughed streets in winter, buildings that are accessible (although not all are), walking trails, good street lighting, and parks.

In terms of transportation, the only age-friendly service (besides family and friends) in Guysborough County is a much-appreciated shuttle service operating between Canso and Antigonish daily.

For the most part, seniors in this study feel very respected and included within their communities, citing volunteer awards, seniors' recreational teams (e.g. curling and bowling), carry-out service at local grocery stores, senior-sensitive exercise/fitness programs, library programs, intergenerational programs, community dinners and concerts specifically for seniors, and seniors' groups as just some of the services and programs that make them feel valued. Seniors in some of the communities studied particularly noted the respect they received from the local young people.

Despite the relative isolation of the communities in this study, reasonably healthy and active seniors who live there claim there are plenty of opportunities for social participation. Card games, fitness/exercise programs geared to seniors, walking clubs (both indoor and outdoor), bowling and curling teams, bingo games, concerts, plays in the local theatre, and getting together with friends were key activities among seniors in the study. In one community, a youth intern has been hired to initiate more opportunities for social participation for seniors. And there were a number of ways in which older people engaged in civic participation, including volunteer opportunities, the Falls Prevention Initiative, the Seniors' Games, the Seniors' Council on the local Town Council, and the Antigonish-Guysborough Seniors' Council.

Seniors in Guysborough County have a number of means of accessing information, including word of mouth, the radio, newspapers, the Internet and email, church bulletins and announcements, school newsletters, posters, the monthly newsletter from municipal office, the Department of Seniors Programs for Seniors, and the "government section in phone book".

Despite the ongoing retraction of health services, particularly those of specialists, seniors in Guysborough County speak very positively about many aspects of their

local health services. Age-friendly features included hospital emergency departments with short wait times, “excellent” general physicians (some of whom do house calls if needed), short wait times for appointments, the Telehealth system, local ambulance services, men’s and women’s Wellness clinics, Meals on Wheels, diabetic and foot clinics, community volunteer fire departments (all equipped with Jaws of Life), the Food Bank, and the palliative care program.

Age-Friendly Barriers and Suggestions for Improvement

Seniors in Guysborough County cite a number of age-friendly barriers that make everyday life more difficult for them. Outdoor spaces presented some interesting challenges. In the countryside, a lack of street lighting in remote areas and the irregular road shoulders make walking after dark somewhat hazardous. Seniors suggested that the next time the roads are paved, shoulders **should be widened and paved to allow space for pedestrians and cyclists**. Worries over roaming black bears and other wildlife also make rural seniors think twice before going for a walk, and break-ins and thefts are worrisome, particularly because many seniors feel safe in the country and do not bother to lock the doors to their homes, cars and sheds. It was suggested that **rural seniors may benefit from some education and awareness around crime prevention**.

Outdoor spaces in towns presented a whole set of different challenges. A significant number of buildings are not accessible (including one of the seniors’ manors, which lacked an elevator), and handicapped parking areas are sometimes not respected. Many public buildings, such as grocery stores and banks, and outdoor spaces such as parks and walkways, either have no benches or an inadequate number. Seniors suggested that **an increase of benches in public spaces and the paving of some walking trails in the towns** would improve the age-friendliness of their communities.

As previously mentioned, seniors in Guysborough County generally feel very respected and included in their communities. However, seniors in one community report that municipal councillors are not only unaccommodating to their concerns at Council, they are also completely unaware of seniors’ activities and contributions in the area. Seniors in another community report a lack of both seniors’ and intergenerational activities; however, community leaders are about to launch a series of initiatives to improve this situation, and there is evidence that at least some seniors in the area will support these initiatives.

While seniors in Guysborough County report having fairly easy access to most kinds of information, they are unanimous in their condemnation of government services. Automated telephone systems and endless forms are denounced as frustrating and confusing, and discourage many older people from even seeking assistance. They

also accuse governments of obfuscating the resources that are available. Seniors in one community who were experiencing difficulty in accessing timely information regarding community events felt that some of the challenges with communications would be relieved with the hiring of paid staff, e.g. recreation coordinator, to coordinate and publicize events.

But while seniors in Guysborough County have a variety of concerns, by far many of the key ones are directly related to a lack of transportation. The County has no public transportation system and there is only one taxi service in the communities studied, that being a shuttle service that travels daily from Canso to Antigonish. Seniors spoke of the challenges involved in accessing everything from health care appointments and gas stations to social events and department stores. As years advance, many become increasingly anxious about driving long distances, particularly in the winter time when inclement weather and early nightfall make driving hazardous. Rising transportation costs are also problematic, especially for those with chronic health problems (common among the elderly) and fixed incomes. Access to health specialists is particularly problematic. The costs involved in getting to appointments – whether one has their own car or not – including gas and (frequently) overnight accommodations in Halifax – these all increase the anxiety experienced by the senior who is concerned about their health. Many simply cannot afford to get to the medical care they need, much less pay for costly medications. Some suggest that this situation might at least be eased, if not completely resolved, by **arranging to have specialists visit key communities around the County once or twice yearly**. It is also suggested that **local information sessions regarding various diseases common among the elderly** might assist older people in taking better care of their own health.

But the lack of transportation also has implications for seniors' ability to socialize and by extension, their emotional well-being. While there are a surprisingly wide variety of opportunities for social participation in Guysborough County, a lack of transportation prevents many, particularly those in more remote areas, from taking advantage of these opportunities. Those who often step in to fill this gap, frequently without remuneration, are seniors themselves who, again, are concerned about the rising cost of gas and the hazards of night-time and winter driving. Moreover, there are questions as to whether some seniors should still be operating their vehicles.

Suggestions for relieving transportation woes include a **government subsidized shuttle**, and a **call centre for seniors** with a volunteer coordinator who could arrange for services such as drives. In addition, **awareness-raising campaigns** regarding gaps in services are thought to be a way to mobilize younger generations to assist local seniors with, among other things, helping seniors to access services. It is felt that many younger folk would volunteer their services if only they were aware of the needs.

Another area of major concern is housing. Seniors comment on the lack of housing options in the County, noting that there is no middle stage between living in their own homes and going into a facility for nursing care. The few seniors' apartments that do exist are too small for younger seniors who tend to have more material comforts than their older counterparts, and some are inaccessible to individuals with physical limitations. Some units are also reportedly being used as low-income housing for non-seniors.

Seniors who stay in their own homes, either by choice or necessity, are faced with several challenges. Older homes are costly to maintain and repair, and while there are government grants available to assist with house repairs, seniors are often unaware of them. Those who are aware often do not know how to access them, or are intimidated by the lengthy process, i.e. "red tape", and intrusive questions involved in getting them. Even if funds are available, finding labourers is problematic in a county where outmigration is steadily draining the countryside of the younger generations. Some seniors are also hesitant to undertake major renovations because of the increase in taxes that will follow.

Skyrocketing heating costs are causing increasing economic hardship for many older homeowners in Guysborough County. Many houses in the County are large, old, uninsulated farm houses that rely, at least partially, on wood heat. This means higher insurance rates, and it is not uncommon for insurance companies to condemn existing stoves as hazardous, and to insist they either be brought up to code or removed. Seniors who cannot or will not cooperate are denied insurance. The **building of accessible two-bedroom seniors apartments** around the County, and the **addition of government support personnel to assist seniors in applying for home improvement grants** (e.g. navigating bureaucracy, filling out forms) would be two welcome improvements vis-à-vis seniors' housing in Guysborough County.

Seniors in Guysborough County clearly face some challenges when it comes to maintaining an age-friendly community, the most salient ones being a lack of transportation to services, particularly health care, and a lack of housing options. However, the age-friendly benefits of both quiet, scenic surroundings and supportive neighbours, friends and family members seem to be strong enough to outweigh the benefits that might be gained by moving closer to urban areas.

1. Introduction

Seniors are the fastest growing population group in Nova Scotia, a pattern consistent across Canada. According to the Nova Scotia Department of Seniors Seniors' Statistical Profile of 2005, the number of seniors in Nova Scotia was estimated to be 13.9 percent of the population, similar to the national average in 2001. By 2026, seniors are expected to comprise 25 percent of the Province's population. With the largest proportion of seniors in Nova Scotia (20 percent¹, 2005), Guysborough County is already fast approaching this benchmark. By 2016, 3 in 10 residents (30 percent) in the County are expected to be over the age of 65.

At their annual meeting in September 2006, the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors endorsed the *Age-Friendly Rural/Remote Communities Initiative* as a complement to the World Health Organization's (WHO) *Global Age-Friendly Cities* project which wrapped up in early 2007. The Initiative had two main objectives: 1) to increase awareness of what seniors need to maintain active, healthy and productive lives within their communities by identifying indicators of age-friendly rural/remote communities; and, 2) to produce a practical guide that rural/remote communities across Canada can use to identify common barriers, and foster dialogue and action that supports the development of age-friendly communities². The community of Guysborough was chosen as one of eleven³ rural communities across Canada to participate in the Initiative in an effort to increase awareness of what seniors need to maintain active, healthy and productive lives within their communities. Data collection was completed in March of 2007.

The following month, the Department proceeded with a second phase of this Initiative, supported by the Municipality of the District of Guysborough. Since Guysborough County has the highest proportion of seniors in the province by county, it wanted a more in-depth exploration as well as a greater diversity of representation. Focus groups with seniors and caregivers were held in three additional communities in Guysborough County – Canso, Sherbrooke and Sunnyville (see Figure 1), again following the WHO protocol. Data from these groups were combined with the data from the focus group that had been held in the Village of Guysborough earlier in the year. Data collection concluded in mid May. This report presents the findings from all four discussions.

¹ Nova Scotia Department of Seniors Seniors' Statistical Profile 2005.

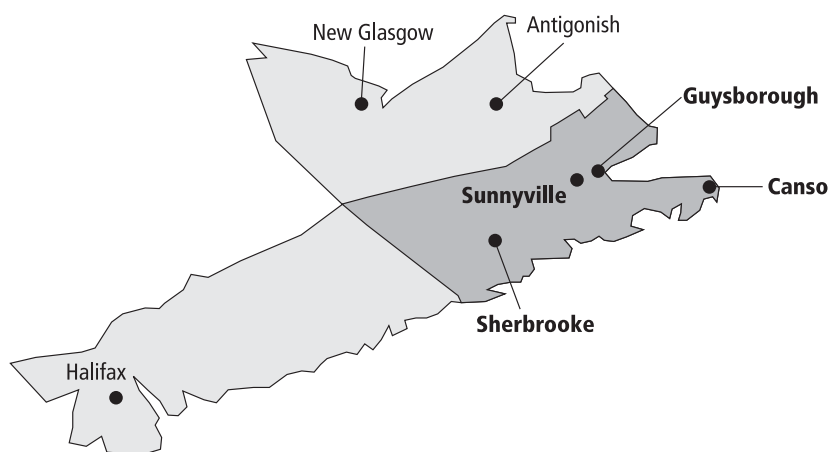
² For the purposes of this project, "community" was defined as a town or village with a population of less than 5000.

³ Eleven rural and remote communities from nine provinces and territories participated in the project. Communities were chosen by each of the participating provincial and territorial jurisdictions.

The report begins with a general profile of Guysborough County to provide the larger context for the four communities featured in the study (descriptions of the four communities have been included as appendices). Describing the context in which seniors live their lives helps those who are unfamiliar with the area understand contextual factors that shape the lives of older people. As will become evident, where seniors live can have a significant impact on their ability to age in place. Next is the methodology, which describes how the research was conducted. The methodology for this project was based upon the template established by the WHO in the *Global Age-Friendly Cities* project. The Participant Profile, included next, provides demographic information on the seniors and caregivers who participated in the project. It helps give some context to the information, particularly the quotes, that have been included in this report. The Findings section features the voices of the participants. What did seniors and caregivers in Guysborough County tell us about the age-friendliness of their respective communities? What are the challenges and barriers? What suggestions for improvements did they make? This is followed by a discussion of the limitations of the research which have implications for the conclusions that can be drawn from the findings. The limitations also indicate areas for future research. The report concludes with a summary of the findings.

1.1 Community Profile—Guysborough County

Figure 1 – Guysborough County and Surrounding Service Centres



A profile of Guysborough County provides an understanding of the environment in which the seniors in this project live, and therefore a fuller understanding of their comments and observations. While each of the four communities included in this study has distinctive features, they share many commonalities, and, in a variety of cases, services and resources. Following is information on the County's population, with a particular focus on the seniors and factors that affect their daily lives, including the local economy, health and continuing care system, housing, income levels, and location in relation to urban centres.

Guysborough County (see Figure 1, shaded area) is located in the northeastern part of mainland Nova Scotia and is bounded on the north by Antigonish and Pictou Counties, on the west by Halifax County, on the east by the Strait of Canso, and on the south by the Atlantic Ocean. Most of the population of Guysborough County is situated along the coast in communities such as Canso, Mulgrave, Guysborough and Sherbrooke. The population of the County has been steadily declining for quite some time (see Table 1). Newly released figures from the 2006 Census indicate the overall population of the County was at roughly 9,000, down almost 8 percent from the 2001 Census.

At 20 percent⁴ (2005)⁵ Guysborough County has the largest proportion of seniors in Nova Scotia. Table 1 provides an overview of population trends for this area for the past number of years. While on average, the share of seniors in all counties is expected to increase by five percent between 2002 and 2016, Guysborough County is expected to experience the biggest increase – 10 percent. By 2016, 3 in 10 residents (30 percent) in Guysborough County are expected to be senior.⁶

⁴ Nova Scotia Department of Seniors Seniors' Statistical Profile 2005

⁵ The authors recognize the discrepancy between this source and data presented in Table 1. It is presumed that rounding and/or different community boundaries between the two sources account for this slight difference.

⁶ http://www.gov.ns.ca/scs/pubs/statistical_profile.pdf, p. 11.

Table 1 – Demographic Profile of Study's Communities⁷

| Geography | Year | Total | 65+ Total | 55-64 years | 65-69 years | 70-74 years | 75-79 years | 80-84 years | 85+ years |
|--|-------------|---------------|--------------|----------------|----------------|----------------|----------------|----------------|--------------|
| Guysborough County | 1991 | 11,725 | 1,780 | 1,165 | 500 | 465 | 405 | 240 | 170 |
| District of Guysborough | 1991 | 6,520 | 1025 | 670 | 270 | 270 | 230 | 145 | 110 |
| District of St. Mary's | 1991 | 3,040 | 500 | 295 | 145 | 140 | 110 | 75 | 30 |
| Town of Canso | 1991 | 1,230 | 125 | 100 | 35 | 35 | 35 | 15 | 5 |
| Town of Mulgrave | 1991 | 935 | 105 | 95 | 35 | 20 | 25 | 10 | 15 |
| Percentage of 65+ Population-County | 1991 | | | | 28% | 26% | 23% | 13% | 9% |
| Percentage of total Population-County | 1991 | | 15% | 10% | 4% | 4% | 3% | 2% | 1% |
| Guysborough County | 1996 | 10,920 | 1,770 | 1,180 | 535 | 435 | 360 | 255 | 185 |
| District of Guysborough | 1996 | 5,940 | 1020 | 660 | 305 | 245 | 205 | 150 | 115 |
| District of St. Mary's | 1996 | 2,950 | 510 | 330 | 145 | 125 | 105 | 80 | 55 |
| Town of Canso | 1996 | 1,130 | 135 | 105 | 45 | 35 | 25 | 20 | 10 |
| Town of Mulgrave | 1996 | 895 | 115 | 95 | 40 | 30 | 20 | 15 | 10 |
| Percentage of 65+ population-County | 1996 | | | | 30% | 25% | 20% | 14% | 10% |
| Percentage of total Population-County | 1996 | | 16% | 11% | 5% | 4% | 3% | 2% | 2% |
| Guysborough County | 2001 | 9,825 | 1,860 | 1,245 | 565 | 480 | 330 | 255 | 230 |
| District of Guysborough | 2001 | 5,165 | 1010 | 675 | 315 | 245 | 180 | 145 | 125 |
| District of St. Mary's | 2001 | 2,765 | 570 | 365 | 175 | 140 | 100 | 85 | 70 |
| Town of Canso | 2001 | 995 | 160 | 110 | 45 | 55 | 25 | 15 | 20 |
| Town of Mulgrave | 2001 | 905 | 140 | 105 | 45 | 40 | 25 | 15 | 15 |
| Percentage of 65+ population-County | 2001 | | | | 30% | 26% | 18% | 14% | 12% |
| Percentage of total Population-County | 2001 | | 19% | 13% | 6% | 5% | 4% | 3% | 2% |

⁷ Raw data including totals (with exception of 65+ total) provided by Nova Scotia Community Counts, Department of Community Services. Used with permission.

| Geography | Year | Total | 65+ Total | 55-64 years | 65-69 years | 70-74 years | 75-79 years | 80-84 years | 85+ years |
|---------------------------------------|-------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|------------|
| Guysborough County | 2006 | 9,060 | 1,945 | 1,560 | 570 | 480 | 385 | 255 | 255 |
| District of Guysborough | 2006 | 4,680 | 1050 | 855 | 305 | 265 | 205 | 135 | 140 |
| District of St. Mary's | 2006 | 2,585 | 580 | 450 | 175 | 140 | 110 | 80 | 75 |
| Town of Canso | 2006 | 910 | 165 | 135 | 40 | 40 | 40 | 20 | 25 |
| Town of Mulgrave | 2006 | 880 | 125 | 115 | 45 | 30 | 20 | 20 | 10 |
| Percentage of 65+ population-County | | | | | 29% | 25% | 20% | 13% | 13% |
| Percentage of total Population-County | | | 21% | 17% | 6% | 5% | 4% | 3% | 3% |

In 2001, 89.3% of the population of Guysborough County owned their dwellings and 10.7% rented, compared with provincial averages of 70.8% and 28.8%, respectively. The average major monthly payments for homeowners were \$369 in 2001, compared with \$345 in 1991. However, the average monthly rent in Guysborough County decreased from \$424/month in 1991 to \$382/month in 2001.⁸ This is no doubt related to the declining population, as residents, particularly young people and families, continue to leave the County in search of employment. The countryside, and even some of the towns⁹ are dotted with unoccupied homes.

There are 100 seniors housing units in Guysborough County, only 7 of which are accessible for individuals with physical challenges. They are located in: Guysborough Town (20 units, 1 accessible); Isaac's Harbour (20 units, 2 accessible); Little Dover (5 units, 1 accessible); Carlton Apts in Canso (10 units, none accessible); Pines Manor in Canso (15 units, 1 accessible); Scotia Heights in Mulgrave (10 units, 1 accessible); and Maple Manor in Sherbrooke (20 units, none accessible).¹⁰

In 2001, the median income for individuals in Guysborough County was \$14,124 a year, compared with the provincial median of \$18,735. Families in Guysborough County had a median income of \$34,419, compared with the provincial median of \$46,523.¹¹ Seniors' incomes are lowest in Guysborough County compared to seniors in other counties.

⁸ Nova Scotia Community Counts
<http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?sub=households&gview=1&gnum=cnt1213&gnum2=cnt1213#title>.
Retrieved May 16, 2007.

⁹ This is particularly noticeable in Canso which has suffered a severe decline in population since the early 1990s.

¹⁰ Information courtesy phone call from Jane MacMaster, Eastern Mainland Housing Authority, New Glasgow, July 10, 2007.

¹¹ Nova Scotia Community Counts
<http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?sub=income&gview=1&gnum=chb72&gnum2=chb72#title>.
Retrieved May 16, 2007. Figures for 2006 were due to be released in the spring of 2008.

The average individual income for seniors in Guysborough County aged 65-74 was \$17,600¹². This included: CPP/OAS (\$11,100), Private Pension (\$4,600), Employment (\$1,200), and Investment (\$700). The average income for seniors 75 and up was even lower, at \$15,100, including CPP/OAS (\$11,300), Private Pension (\$2,600), Employment (\$200), and Investment (\$1,000).

Residents of Guysborough County have traditionally relied on the County's natural resources, particularly fishing and the pulp industry, to earn a living. However, the seasonality of these industries has characteristically produced slow economic growth and substantial difficulties in terms of population retention and employment. The 1990s saw the significant economic blow to the County's coastal communities with the downturn in the fisheries. While efforts are being made by those in the business sector and governments to develop and market the County's resources including forestry, fisheries and aquaculture, blueberries, tourism, heritage and culture, mineral resources, and petroleum,¹³ the area is still prone to high unemployment rates.

Average income for senior residents in Guysborough County aged 65-74 is \$18,200, and \$16,400 for seniors 75 and up¹⁴. Of the 18,000 seniors living below the poverty line, or LICO¹⁵, 72 percent are female. Further, nearly one-half of all senior women living by themselves are living below the LICO.¹⁶ Seniors' incomes are lowest in Guysborough County.

Health services in Guysborough County are administered by the Guysborough Antigonish Strait Health Authority (GASHA)¹⁷, District Health Authority (DHA)¹⁸, and a voluntary board of 12 directors from across the district who are responsible for the administration, management, general direction and control of the Health Authority. The catchment area of GASHA, which also administers services to parts of Antigonish and Richmond Counties, as well as to the southern portion of Inverness County, is approximately 8,000 square kilometers (15.3% of the province)¹⁹ and includes 9 municipal units, four of which are within Guysborough County. Guysborough County has three hospitals (Guysborough, Sherbrooke and Canso), three medical centres (Isaac's Harbour, Mulgrave and Canso) and two programs, Addiction Services and Public Health Services,²⁰ all of which are overseen by GASHA.

¹² http://www.gov.ns.ca/scs/pubs/statistical_profile.pdf, p. 39.

¹³ The Guysborough County Regional Development Authority Strategic Plan Five-year (2003-2007) Strategic Plan. http://www.gcrda.ns.ca/index.php?option=com_content&task=view&id=23&Itemid=233. Retrieved May 18, 2007.

¹⁴ Nova Scotia Department of Seniors Seniors' Statistical Profile 2005, p. 53.

¹⁵ LICOs are defined by Statistics Canada as income levels at which families are worse off than the average when taking into account income going to essentials such as food, shelter, and clothing. The size of one's family and community are also taken into account.

¹⁶ http://www.phac-aspc.gc.ca/seniors-aines/pubs/fed_paper/fedreport3_02_e.htm

¹⁷ http://www.gov.ns.ca/heal/dha_map.htm

¹⁸ http://www.gov.ns.ca/health/downloads/NS_Mortality_rate_95_04.pdf

¹⁹ http://www.erhb.ns.ca/All_About_Us/default.htm

²⁰ http://www.erhb.ns.ca/All_About_Us/default.htm

The Nova Scotia Department of Health's Continuing Care program serves those who need ongoing care outside of hospital, either on a long-term or short-term basis. Guysborough County has three nursing homes, located in Canso, Sherbrooke and Guysborough.²¹ The Guysborough County Palliative Care Program is also based in these three communities, operating from the local hospitals.²²

1.2 Methodology

A focus group was conducted in each of the four communities of Guysborough County by two members of the research team from the Nova Scotia Centre on Aging, Mount Saint Vincent University. The groups were designed to identify features of the physical and social environment which are age-friendly, and those which are not, and to elicit local ideas and suggestions to improve age-friendliness.

The Department of Seniors identified initial contacts in three of the four communities whom they felt could assist with recruitment of participants. A staff member in one of these communities in turn identified the contact for the fourth community. Contacts were provided with a list of the criteria for selection of participants as set forth in the research protocol: they must be 60 or over, "must be able to communicate clearly, to understand the task and the questions, and to provide their own point of view"²³. Local contacts were asked to distribute information regarding the Age-Friendly Rural/Remote Communities Initiative to constituents and to encourage interested members to contact one of the research team. In two of the communities, contacts enlisted the president of a local seniors' club to help with recruitment. In one of the communities, local contacts (who worked in a local community development organization) felt they would only get recruits if they visited seniors that fit the criteria and fully explained the project, its purpose, and its possible benefits to them. They also explained the purpose of the informed consent and participant information sheets to seniors who offered to participate. Since literacy was an issue for some of these seniors, it was agreed this was an appropriate strategy. In two communities, the president of a local seniors club assisted with recruitment. Between 12 and 15 seniors in each community were approached in person and by phone. In two of the communities, interested seniors provided their contact information to the president, or designate, who then forwarded the information to the research team. Each interested senior was telephoned and screened to determine eligibility for the project.

²¹ <http://www.publichealth.ns.ca/CHB/Guysborough/GuysboroughServiceDirectory.nsf?OpenDatabase>

²² Ibid.

²³ WHO Age-Friendly Cities Project Methodology, Vancouver Protocol, August 2006, page 10.

At the beginning of each focus group, facilitators explained the purpose of the focus group, reviewed guidelines for informed consent, provided an opportunity for participants to ask clarifications and, if not already submitted, collected participants' agreements and information sheets. After addressing participants' questions and/or concerns regarding the focus group, facilitators proceeded with the focus group.

Focus group participants were led through guided discussions on the eight topics as set out by the research protocol which included: outdoor spaces and buildings, transportation, housing, respect and social inclusion, social participation, communication and information, civic participation and employment, and community support and health services. The sessions were 2-3 hours long and were held beginning in early April and wrapping up early in May. The focus group sessions were tape recorded using two recording devices and notes were also taken by the facilitators. The researchers used the transcriptions of the tapes and their own personal notes to analyze the data collected from the four focus groups.

1.3 Profile of Participants

A total of 46 people volunteered to attend focus groups: 42 seniors and 4 caregivers. Of these, 38 seniors (28 females and 10 males), and 3 female caregivers actually attended and completed all required consent and socio-demographic information on the Participant Information Sheet. It is these participants who provided the information in this report.

1.3.1 Seniors

Seniors ranged from 60 to 89: 14 were in their 60s, 13 in their 70s, and 11 in their 80s. Both the average and median ages were 73. Twelve participants were African Nova Scotian. A total of 19 small communities in Guysborough County were represented in the four seniors' focus groups.

The majority of participants – 24 – had some secondary school education. Ten had post-secondary education, and four had primary school education. All were retired. Occupational sectors represented included: health care, education, information technology, civil service, the military, industry service, private business, and homemaking. Fifteen did not specify their pre-retirement employment. A majority (29) of the seniors owned their own homes, and the rest rented. A majority of seniors (26) considered their health "good", eight considered their health "fair", three had "excellent" health, and only one claimed to have "poor" health. A majority of seniors lived with their spouse (23), one lived with her spouse and three extended family members, ten lived alone, another lived with a boarder, two lived with one of their children, and one did not specify.

1.3.2 Caregivers

Of the four participants who volunteered to participate in the study, three actually participated, all females. One was employed as a caregiver²⁴, one was retired, and one was “unemployed”. One had primary, and two had secondary education. One care receiver had dementia, and two had difficulty moving or walking. One was caring for a relative in her own home, and two were caring for non-relatives.

²⁴ The researchers did not have a chance to screen this participant, who was actually employed as a caregiver in a nursing home, and had filled out the “Older Persons” participant information sheet.

2 FINDINGS

2.1 What is your community like for older persons?

Age-friendly Features

Participants in all groups were unanimous in their love for their respective communities. “I can answer your question in one word,” said one participant emphatically, “Heaven.” Seniors in two other groups responded without hesitation that they “love” their communities. But a senior in one of the groups added a cautionary note, “There’s 2 different answers here, there’s people who’ve been here a long time and know the place and there’s the new ones who don’t know the place, and I made this comment once, [and a man said] people should be retiring down here and he said, keep your mouth shut, don’t be telling people about this place, this is our place. Leave it nice. [But there’s] a lot of poverty, a lot of suffering and the more you hear, the more you know about it.”

When asked to expand upon what made their communities so wonderful, no one age-friendly feature was common across all groups; however, four positive characteristics did emerge in three of the four groups: 1) peace and quiet 2) beautiful scenery 3) safety/low crime rate 4) supportive neighbours.

“I like the water,” said a senior in one community, “and if a person likes to be quiet, it’s a nice **quiet** place.” A senior in another community expressed the same sentiments. “I find it very pleasant. I like the **scenery** - I’m a nature person.” The tranquility was especially appealing to members in yet another focus group who were not from the area. “We’re from some place else,” said one appreciative “CFA”²⁵, “and it is, it’s idyllic. I lived in Montreal, Toronto, LA and Atlanta, and none of them are under 2 million. And...it takes you as many as 4 hours to get to work and get home and—here you get caught in a 6 car lineup and you’re upset.”

Safety was another age-friendly feature of three of the four communities. One senior loved her community “cause you can go walking downtown and no one will kill you.” A member from another community likewise felt “**safe**—you don’t have any fears that somebody’s going to break in; you can go for a walk anytime, day or night.” One of her neighbours added that since everyone “knows everybody...you can call anybody and they’ll come to your assistance.” After pausing for a moment, she added somewhat wryly, “The only thing I’m afraid of when I walk is the [fox] we have in our neighbourhood now. He was right up on our front doorstep the other day, and this morning when I came out, she went right up [my neighbour’s] driveway. Big red bushy tail!” Participants in three of the groups also talked of watching out for the bears who ambled through their communities from time to

²⁵ An acronym used in the Maritimes to designate a “Come-from-Away”, someone who is not originally from the community.

time. Yet, it would become clear in discussions on outdoor spaces and buildings that not all seniors felt safe. In particular, seniors who had traveled to the discussion groups from more remote areas surrounding the communities in question had divergent opinions from their more “urban” peers when it came to safety.

Another commonly-occurring age-friendly feature was a supportive network of neighbours and friends. “Everyone gets along,” boasted one senior. A senior in another group said thoughtfully, “Everybody knows everybody, so you have the **support of your neighbours**, you can call anybody and they’ll come to your assistance.” A senior from a more isolated community in the County observed, “I like the [seniors’] groups all around me. Neighbours aren’t too close but they’re there.”

One self-confessed “CFA”²⁶ was effusive in his praise for the local health care system. “You mentioned health care, we just came from a large area in Ontario, so-called wealthy Ontario with a ratio of doctors to people—unbelievable figures—my wife for almost 3 years could not get a family physician and my doctor could not take her on. So back to this heaven bit, I fully agree...we have 3 excellent doctors here where you could probably go the same day you phone and just go in. You have to go Halifax for certain tests but Antigonish has the updated stuff with new equipment—so far, touch wood, my health has been all right. We have to look towards the future but certainly I would think going to Halifax is not the end of the world to be able to do that and having a family doctor of the quality we have here...”

Age-Friendly Barriers

Participants’ enthusiasm regarding their communities, however, was accompanied by what became a familiar caveat, captured well in the comment of one participant: “I wouldn’t want to be anywhere else but I’m looking to the future, what is it going to be like for me 10 years from now? I just hope that I have my health. If you’re healthy and you have all your faculties, this is the place to be—it’s great.” The onset of health problems can usher in an entire set of challenges for seniors in rural areas. **Distance from essential services**, especially the services of health specialists, emerged as a significant issue for seniors in rural Guysborough County. Explained one participant, “If you have to go to a specialist or anything, you travel a lot of miles...you don’t always think of the fact that you’re this far away. Go to Halifax for an appointment and they say, come back two days from now. This really throws things. And...Antigonish, New Glasgow and Halifax are the three places we have to go. You’re on the road a lot...” Participants expressed concerns with what lay in store for them as they advanced in age. How would they access the services

they needed once they could no longer drive? One concerned senior who lived several kilometres from the nearest town shared, “Now as I’m getting older and my kids are gone, I’m looking ahead thinking, I’m not always going to be driving and I’m living just far enough out that I’m not going to be able to walk in...it’s getting a little bit scary. I’m not going to have access to those services.” Thus, age-friendly characteristics of rural living – small, tranquil communities with a slow pace of life – could become a liability for seniors lacking transportation.

Other concerns, which will be expanded upon later on in this report, included the competence of senior drivers, particularly those who drive other seniors; the invisibility of people living in poverty in the County; the isolation of seniors whose children are not available for support due to outmigration; the lack of seniors’ housing on all levels; the inaccessibility of some buildings; and the impact of the lack of transportation on seniors’ ability to access essential services and/or to engage in social participation. These themes would re-surface again and again during discussions.

Suggestions for Improvement

Social and physical isolation, both implicit and explicit, are common themes in this study and were evident in preliminary stages of all discussions. In fact the suggestions for improvement during these introductory discussions often revolved around this issue. For instance, a senior in one community suggested the launching of a telephone service that would check up on elderly members of the community on a regular basis. It was also suggested that all elderly people who live alone should have access to government-subsidized Lifeline. The need for a van or small bus was raised in one community, as was the need for an apartment complex with a nurse on call.

2.1.1 Outdoor Spaces and Buildings

Age-friendly Features

There were no commonalities across focus groups in terms of age-friendly features of outdoor spaces and buildings. Nevertheless, seniors in several of the groups did mention positive aspects about their communities, including: some accessible buildings, carry-out service at a local grocery store (although the consistency of this service seemed to be in question), nice walking trails and parks, adequate street lighting in towns, and well-plowed streets during winter.

Age-Friendly Barriers

There were, however, commonalities across groups in terms of barriers. One common concern was **safety**. Participants from more remote communities in three focus groups indicated that going out to get exercise or to visit neighbours could be a challenge. “I just have bears,” joked one senior, “I don’t have any neighbours.” Another senior concurred. “That upsets me. I find I have to come to civilization to walk.” Seniors in one group also raised concerns regarding recent break-ins and petty thefts in their area. Cars, homes and sheds had been the target of break-ins, with thieves making off with items such as CDs, generators and car tires. Concerns were also expressed regarding seniors who were lax in locking their doors. “I know my neighbours,” said one, “the older they are, the less they lock their doors. I mean there’s one up on the hill, I’ll walk into her house and she’s not there. I could take whatever I want...” She added that some also “don’t lock their car doors” and sometimes left their keys in the car. Worries over theft kept some participants indoors after dark. “I’m not comfortable walking by myself,” said one nervous participant. Another, however, was undaunted. “I have a walkie talkie and I have it on when I walk...and in my peddle boat, I have the walkie talkie and a life jacket. So you have to think about security.” The lack of street lighting in many rural areas emerged as another safety issue. “Out in the country it’s darker at night,” advised one senior. Yet, she and her neighbour had devised a system that enabled them to visit each other during evenings; they kept their porch lights turned on (the participant had six) and carried a flashlight while traversing the path between the two homes.

Another safety concern was the **lack of paved shoulders on country roads**. “If you’re walking on the highway...,” began one senior, “You have to stay off the pavement and walk in the direction of the traffic...and that’s not always easy because the shoulder doesn’t always meet the road. Up and down.” Another senior agreed. “Even if all the shoulders were paved it would be so nice,” she said. Thus roaming bears and other wildlife, the lack of streetlights, break-ins and unpaved shoulders were all outdoor safety concerns for rural seniors in this study.

In terms of buildings, seniors in all four groups indicated that while most of the newer buildings were accessible, many were not. In general, **accessibility to public buildings in their communities was hit-and-miss**. “The library is not,” said one participant in regard to her community. “And something about the drug store, the elevation. Access to it isn’t good. My husband’s in a wheelchair and he’s been trying to get it fixed but I don’t think anything’s been done about it.” In another community, buildings in town were on ground level so were generally accessible. However, parking in front of the town bank was an issue due to its location on an incline. “The bank is the most unfriendly,” advised a participant, “parking is bad and if any more than three cars are there, I don’t go down.”

Another added that while there was a wheelchair ramp at the bank, it was difficult to “get your wheelchair down in there”. Churches in some communities – for many, the focal point of their social life – were also problematic. Many had not been made accessible due to lack of funds to do the renovations. In one community, a seniors’ manor was inaccessible. “I live on the top floor,” said a participant who was a resident at the manor, “and I got 14 steps to climb. If you had elevators – they haven’t. Hard when I’m doing groceries. Course my sons generally do it. It’s hard going up and down stairs.”

Participants in the two groups with the highest (74 and 78) average age commented on the barriers presented by the **lack of benches** in places such as local grocery stores. “When you go for a walk, anybody that can’t walk any distance, it’d be nice to have a bench. I know I can’t walk very far,” said one woman in her early 80s. An elderly woman in another group noted that while there was a bench at her local grocery store, “it’s all filled up with stuff. Used to be one out front, but it’s stacked up there with stuff now.” There had been **advocacy** on this issue in one community. Stated one participant, “We’re on the Falls Prevention Coalition and we’ve asked them several times to provide seating for seniors and they say, we’re gonna bring it up at our board meeting.”

Suggestions for Improvement

Suggestions regarding outdoor spaces and buildings included the **need for boardwalks for those who use wheelchairs and walkers** (dirt trails can make it tough to push wheels), the **need for more benches in parks and along trails, to broaden the roads** next time they are paved to make way for cyclists and pedestrians, and to **educate seniors on the crime prevention** (e.g. locking doors). Seniors in the community with the inaccessible seniors’ manor should be made accessible by installing an elevator.

2.1.2 Transportation

The discussions on transportation revealed just how challenging it can be for seniors in rural areas to get where they need to go. The challenge of getting to **health services** in major centres was a key issue in all focus groups. Many spoke of having to rely on **family and friends** to get to appointments in New Glasgow, Antigonish and Halifax. One woman shared her recent struggle to get to a medical appointment. “Hard to get a car,” she said. “I looked for one all morning and I couldn’t find one. I got one at last, next door. Girl took me.” A senior in another group shared, “Last night I was up at the seniors’ complex...and a lady told me about having to go to Antigonish for a procedure and that she had called, after calling 5 or 6 people to help her, she had to call her sister-in-law to come from Halifax!” Yet, as one senior who had recently moved into the area noted, for her,

relying on family or friends was not an option. “This is fine for people who have families and established friends in the community—my husband and I have been here just over a year and we have absolutely no family, we have friends but not friends we would call to drive us to Halifax, so what happens in that case?”

Cost of travel was, not surprisingly, a source of concern for the seniors in this study, especially in light of recent gas hikes. One participant paid someone every three months to take her to an eye specialist in New Glasgow. **Inconvenient appointment times** could and did add to the already steep travel costs being paid by these seniors. “I’ve had to call them back to change the appointment,” said one irritated participant. “Imagine giving me an appointment for 10 o’clock in the morning!! Well, you gotta get up early in the morning to get that appointment, so I tell them—make it around noon or after dinner...otherwise, I’m not going to drive to Halifax at 7 o’clock in the morning. I gotta get up first—or go the night before and spend the night there which costs you a few hundred bucks then. As it is now, going to and from Halifax costs you hundreds of dollars. If you spend the night...” Another participant added this story: “A senior in the hospital and they told her to go home and come back in the next day—she was a diabetic. She said, but I have to hire somebody to take me home from here and back in for blood tests the next day. Instead of keeping her overnight!”

For seniors who still drove there were a number of related challenges, one being the prospect of **nighttime driving**. “There’s a lot of good points to living in the country,” said one senior, “and I wouldn’t trade it for all the tea in china, but it has its drawbacks. For example, I’m undergoing an expensive dental procedure which carries me to Halifax. I have seven different appointments, and it’s expensive and it’s time-consuming because usually my appointments are at 4 p.m. in the afternoon and this time of year it’s okay ‘cause you’re in daylight, but I don’t like driving at night.” **Winter weather**, or the threat of it, added another layer of anxiety for drivers. “You know my neighbour can’t drive,” shared one woman, “and sometimes I’d say, I’ll take you today. And now, if it looks like snow flakes today, I’m scared to death to drive.” Participants also joked about the dwindling number of **gas stations** in their communities. A senior in one group spoke of keeping their gas tank filled at all times because “it’s 50 kms to the next gas station”. Another quipped, “You’re never on “E” unless you’ve had a senior’s moment!” Another who lived 25 miles from the next gas station said his monthly gas bill was \$600. Yet some seniors also raised concerns over how long their communities would have the one gas station remaining in the community. One explained, “And you can’t seem to get people to understand...and I think sometimes we’re our own worst enemy. Because people say it costs so much... more to get it here. People will run out [to the nearest urban area] and spend \$20 to get something a dollar cheaper. What’s

happened, the gas station, he's not a charitable organization...the first thing we'll have here is no gas station and same thing with the grocery store. The Co-op store here cannot compete with Atlantic Superstore and Sobeys...if we want to keep the store here, we have to be prepared to support these local agencies. I don't know how you get around that."

Concerns over the competence of senior drivers were expressed in all four focus groups. One participant quipped that you "drive till you make a big mistake, then you've had it." "I hope," said one woman, "that I will know when it's time rather than somebody come and take it. You hope you can make that decision yourself." But a participant in another group shared, "This 91-year old [neighbour] has a car and says, "I'll pick you up", and it's not far away, but oh my..." Several participants indicated nervousness at driving in more populated areas. "One of my neighbours," said a participant, "a fantastic gentleman, he's 85 and if he comes to Guysborough or Canso, he'll come on his own, and if he has to go to Antigonish or points beyond, he'll ask me because he's scared driving in a bigger center. He knows it's safe here in Guysborough and it's safe in Canso but he will not drive in Antigonish."

"We're talking about the people that can get around to some degree. But there's lots of seniors around that have nobody. And they live in the sticks. These are the people that you're gonna have to target."

The more remote a senior, the more difficulty experienced in accessing services. "There are these people that are living in places, they got no accessibility to anything. No entertainment. It's really sad. For this group here [in the focus group], we've all got our cars and we all come and go pretty much as we please. Not everybody's like that."

Seniors in two groups highlighted the one age-friendly feature of their area – a van run by the owner of a former taxi company that ran from one of the towns to Antigonish. This service was much appreciated: "We're lucky to have that bus. I use it. Picks you right up...guy's great--\$10. [It would] cost you more than that for gas. He takes you wherever you want to go pretty well." Another participant's comments regarding taxi service capture the impact the downturn in the fisheries has had on transportation services in the area. "When I was a young lad...employment was bountiful, the fish plant employed 600 people. The local fish plant hired 30-50 people and as a result, there was a taxi service [in three of the local communities]. So it was always there but now we have no jobs, we only have seniors on fixed incomes. And on the Eastern Shore from Sherbrooke to Halifax there used to be a bus service and they cancelled that because the numbers were so low. What was it 2 years ago they cancelled that service? Zinck Bus Lines. And that's the dilemma that we have and I cannot see a solution, because of the employment situation. The fishery's dead and the forestry is going that way very fast."

Suggestions for Improvement

Seniors in one focus group felt a **government-subsidized shuttle** in their area would greatly benefit seniors.

Another idea that emerged during discussions on transportation was to set up a **call centre for seniors** with a volunteer coordinator who would then organize resources to meet the needs of the clients. Seniors in two communities also stressed the need for **awareness-raising**. It was their belief that resources were available in the community to meet the needs of seniors (e.g. younger folk who could drive seniors to appointments), but two things were needed: a) awareness raising amongst the general population regarding the needs of seniors b) a coordinator who could connect those with needs with those who could meet their needs.

2.1.3 Housing

By far most of the participants in this study – approximately three quarters (29/38) – owned their own homes. Not surprisingly, then, some of the key concerns that emerged in the four focus groups were in relation to their homes. The cost of heating large and often uninsulated old homes, the cost of insurance for wood heat, the challenges involved in obtaining government funding for repairs, and the lack of housing options available for seniors who wished to downsize were the four concerns common to all focus groups.

Participants in each focus group were concerned with the **lack of housing options** for seniors. “I find that’s a big weakness is the housing options,” said one elderly gentleman. “When you can’t live in your own house but you’re not ready for the nursing home, there’s no assisted living.” In fact, according to seniors in one community, for those who wanted to downsize “between your own home and the rest home”, there were no options. “There’s no apartment living [in this community]. If you wanted to give up your home and go somewhere, there’s no place.” A senior in another group specified, “**We need accessible 2-bedroom apartments**—no steps! Or very few steps.” She went on to talk about the waiting lists for those waiting to get into long-term care. “The waiting list...to get into those homes is so long you’d be dead before you get in, so maybe that’s what they should be thinking about—building new ones. And building...2 bedroom apartments.” Seniors in one community complained that the lack of seniors’ housing was exacerbated by the fact that some units designated for seniors were currently being used as low-income housing for non-seniors. A participant in another group described the impact the lack of seniors’ housing was creating for some older people. “It’s a real eye-opener,” shared one woman, “how many people

live alone in this County, an awful lot. And I've only been here 16 or 18 months, and I see people 85, 88, 90-year-olds all alone in those basic old houses, which means they have a very heavy expense living there and really no place else to go, because they won't get into the seniors' homes because there's no room for them there."

And according to some participants, what is currently available **does not suit the lifestyle of younger seniors**. "We could be just as handicapped as the other ones so we need the ground floor, or the elevator. But at the time, I was looking—and I looked just today and there's one out in Boylston – up 23 steps and down 23 stairs to do your laundry, and I always forget the socks!"

Another quandary addressed in one focus group was that **those who do enter nursing homes often end up away from their own communities**. "A lot of them want to stay in [their] area so their family can see [them] but a lot of them end up - like I know a lady recently had to go to New Glasgow so her family has to travel to new Glasgow." Another concurred, "We have a friend in Dartmouth and he had to go to Sydney—it's hard enough but when they take them out of their environment and the people they know, it's really difficult."

The **expenses relating to the home maintenance** were a concern to a number of seniors. "You can't do anything to your home anyway, they put your taxes up so much you can't afford it," complained one participant. The following comment from one participant is a testament to the "hidden" costs associated with living in rural and remote areas. "If I have the carpet cleaners," she explained, "and I need them again 'cause I spilled my tea the other morning on the carpet, [it will cost me] \$38, and I have to pay another \$29! We have to pay mileage because we're so far from Antigonish. Now this year 3 or 4 of us got together and it cost us \$10 a piece."

It was evident that for many seniors, without the **support of family**, they would not have been able to maintain their homes. "I thank the good Lord everyday," said one woman, "because I have eight children and they are good to me—my daughter put my new winter tires on last year and someone else'll do something. But you know I'm getting quite a nice sum—\$1,400 per month but I'm just squeezing by...how are you supposed to at \$800 or \$1,000?" Still, the realities of outmigration means that many seniors are unable to rely on family for support. Here, it became clear that one age-friendly feature of these rural Guysborough County communities was the **willingness of neighbours to reach out and help**. "When my husband was living," shared a participant, "if we called a tradesman to fix something you'd wait a week or he wouldn't show up at all. But once he was gone and they knew I was alone, anybody I called, they came. I never had any problem. The local tradesmen are very good like that." Another participant shared this humorous story: "Yesterday I got home, my phone was out of order. I live on a back road, my husband was away, my security system only works when the phone is

working. So the guy from the phone company said he'd come but wouldn't get paid unless I called his boss and give him a sob story. So I called his boss, gave him a sob story and 20 minutes later he's there and my phone's fixed."

Another theme common to all focus groups was the **confusion and frustration involved in getting government aid for house repairs**. Several seniors shared their frustration over the "red tape" and "bureaucracy" they encountered trying to get help. "There are no programs," stated one participant bluntly. "If there are, you go through so much red tape to get them, you may as well forget it." A senior in another group echoed these sentiments. "Then there's the rigmarole that people have to go through. **Makes it so difficult, filling out forms**, people don't understand them. People in government [don't know] what seniors are dealing with." It became clear that what many of these seniors would have found helpful was "a little bit of support" to find the information they needed and some assistance with filling out the necessary paperwork. But one participant also suggested that the **issue of privacy** kept many seniors from benefiting, not only from grants for home improvements, but from other government services as well. "Now seniors are private people," he explained. "I can tell everybody anything about myself but don't you ask me about why I need this homecare—well I've got a sore elbow—well that's not a good reason. There's other things, but I don't want to tell you those things." His remarks were greeted with supportive comments around the table. "It's personal, private," agreed one woman. "They're proud," nodded another. "They don't want anybody to interfere."

Many seniors expressed concerns over the price they were paying to **heat their homes**. "This winter," said one participant, "many seniors were very cold - you know 3 sweaters and a blanket." A senior in another group observed that it cost "a fortune" to heat her house. "We have an oil stove in the room I spend most of my time in 'cause it's the warmest room in the house. It's not brrrr, but you don't need air conditioning. We pay \$3000 a year to stay warm. It's kind of ridiculous. I'm not spending another winter [there]." Another woman, whose house was 164 years old, topped off the war stories on heating costs: "We used \$5000 worth of oil and 20 cords of wood [last winter] and I live in a ten-room house. And that's my choice to keep it open." And when the power goes out? "You have to have backup." Several participants had gas generators, but again, these were costly to run, and there was always the added expense of traveling, as one participant said, **50 kms to the nearest gas station** to get gas.

During discussions around heating costs, a fourth theme emerged that again, was common to all groups, that being the **hazards of wood stoves**. The wife of a former fireman who attended one of the groups, shared that her husband had been involved in fire service for 35 years "and when we first came out, all he did was go

to fires. Constantly. For years.” In fact, seniors in one community spoke of needing seniors’ housing for an elderly couple who had just lost their home to a fire caused by a wood stove. Wood furnaces located in the basement presented another challenge as seniors climbed up and down stairs to stoke the fire. Said one, “We have wood and oil but it’s hard getting down those steps.” Underlying her comments was the very real concern of her isolation in a rural area. Who would know if she fell down the stairs?

Some participants noted that while seniors might be able to access services, and might even have funds needed to pay, “a lot of seniors are not going to pay”. But “if two people [have an income] at \$25,000—you have to pay for your medicine, going to a doctor, your food and whatever else, you got nothing to fix the house.”

Another senior explained, “They cut you off at \$20,000 [for pensions] and in a remote community where you have to have transportation to get groceries...”

Participants had several suggestions regarding how to improve the housing situation in their area. **Some called for more two-bedroom seniors’ apartments on one level**, ones that would be larger than current seniors’ apartments which, it was felt, didn’t “suit the lifestyle of younger seniors” who were used to a higher standard of living than their older counterparts. Another suggestion was the **provision of a support person who would assist seniors to navigate government bureaucracy and to fill out the required (and often confusing) forms. It was also suggested that professionals need awareness/sensitivity training regarding seniors’ privacy.**

2.1.4 Respect and Social Inclusion

"I don't think you're going to find a disrespect for seniors around Guysborough County—I just don't see it," declared one senior confidently. His claim was supported by seniors in two of the other groups. They spoke of the general environment in public places. "Door's held open more than when I was younger," was one comment. "Oh yes, very good", said another satisfied participant. "They carry out your groceries whether you're old or young." Holidays such as Canada Day were felt to be inclusive to the seniors in one community. Participants in two communities also spoke of the importance of their local seniors' club with regard to social inclusion. "We have a very small community," one participant explained, "and we prepare meals for seniors on three or four different occasions—Christmas time we have the big Christmas meal and several times during the year and I know what goes on—other areas—we're a very friendly community, we're a very friendly province." Seniors in another community were equally enthusiastic about their seniors' club. "Our group is just top of the line—and I've only belonged to it for a year—a lot of respect, a lot of caring." One gentleman shared just how much this kind of supportive community meant to him. "The thing you miss the most is the people—we had our house on the market and we got our offer, I said, phone the real estate and take it off the market!" As seniors, they had been thinking of moving closer to the nearest town to have access to health and other essential services. However, the social support in his community ended up being more "essential". Another senior shared his sentiments. "It's a really good feeling," she said, "walking in the building [seniors' club] over there. You know somebody's going to come up, talk to you, treat you like a human being and be nice."

The topic of youth also arose during these discussions. Seniors in one community had mixed feelings about the youth in their community. One participant felt that "most" teens were not respectful. "Little ones are not too bad but the young ones..." Seniors in the three other groups, however, were very positive in their remarks. "The kids are awful good around here," was one comment. One group, in particular, testified proudly about the respect they received from local youth. "You go somewhere and there are younger people there and you go to move something and they say, oh don't you move that!" Another added, "It gets me when they call ya 'dear'." A participant in another community felt that young people in her town were "more respectful of older people than you'll find" elsewhere. Yet, this same group was very vocal regarding the **exclusion they felt from local municipal officials**. "As far as the municipality thing, I don't find unless you dig for information, they're not that forthcoming...I don't feel we are represented in the things they do. I think from the outlying communities, we could be more represented if we knew what was going on." She added, "You have to make an appointment if you want to sit at a town council meeting if you have an issue. You

can come as a spectator but you can't raise your issue, unless you're tabled. So I don't feel we're very well advised by our municipality." Another concurred, "Well, I came in and I had never brought an issue down here before so I came right up to the table—well you don't do that, you sit back there until you're called." The general perception was that the council was a "chilly" environment.

Senior-specific and **intergenerational programs** two other ways in which communities included seniors. Two communities had intergenerational carpet bowling. This was so popular with youth in one community that when the "[seniors'] club went out to the school on one occasion...there was a line-up. We had to give out tickets because everybody wanted to go carpet bowling." Participants also spoke of swimming lessons specifically geared to seniors, and seniors' curling and bowling leagues. But one participant also noted that many seniors are busy with their own families. "If you have grandchildren and children here...family takes up so much time." She didn't have time or the need for organized intergenerational activities.

Volunteering was another way in which seniors were involved and included in their communities. In fact one group maintained that it was they who kept services in the town running. "I think in our community, the seniors do more than any number of people." Another concurred: "We run most of the programs. The district people know that they couldn't operate if they didn't have the volunteers, because it's that important." Seniors in these groups also felt well-recognized for their efforts. Three of the communities spoke of special dinners held once a year for volunteers where awards were given out. In one focus group, four members had been recognized at the annual volunteer awards in Halifax. These seniors clearly had a sense of their own value and contribution to their community.

Yet in these discussions **transportation emerged once more as a barrier.** Seniors didn't get to card parties, church, and other activities because they had no means of transportation. On the other hand, it was clear that many were volunteering to fill in these gaps by providing drives. One man shared that his "aunt was like that when she moved...she didn't go to...church for months - nobody really knew 'cause they had changed ministers and finally I said look, that's so important to her. [Now] the gentleman that goes all the time, he picks her up every Sunday and takes her, no problem."

2.1.5 Social Participation

One of the most significant themes to emerge in these discussions was the **impact the downturn in the economy had had on opportunities for social participation**. The loss of a local bowling alley had affected seniors in three of the communities since many of the bowlers were seniors. But seniors in one community weren't letting that stop them. They regularly made the trek to the nearest bowling alley, which was 45 minutes away in Antigonish. Local dances, too, had gone by the wayside because "the man who ran it closed it because he was losing money. If your population goes down, and the population's down a lot since the bowling alley closed...[there's] very little chance a private individual's going to come in and try to open that bowling alley because he's going to fail."

Nonetheless, seniors who were active in their communities mentioned a variety of activities. Card parties and bingo were popular means of social interaction. "You can go to a card party almost every night," said one senior. Another agreed, noting the psychosocial benefits. "It's so good. For some of the people it's the only time they go anywhere. One guy says, I can hardly move, I go over there and I don't have an ache or a pain. It's just getting out with people. And these people wouldn't go out if we didn't have the card parties."

Two communities enjoyed regular concerts, one of them featuring a series of "9 local volunteers" who "sing and play". Seniors in this same community spoke proudly about their annual international folk festival that brought in international talent and some 10,000 -15,000 visitors every year. More than one million dollars come into the community over a three-day period. Many local seniors were involved in the organization and running of this event. One community also had a local theatre troupe who put on plays throughout the year. The same community was excited about a new performance centre that would be opening within a few months and was expected to draw international talent and tourist dollars to the area.

Recreation and fitness seemed to be popular with the seniors in these communities, as well. As already mentioned, seniors were involved in curling and bowling. Three of the communities had new fitness centres nearby with "people down there that'll show you what to do so you don't do something dumb and hurt yourself."

Treadmills had been installed in halls in two communities and seniors would be receiving special training on them "to make sure we don't break our neck!" In one community, a recreation director had "quite a few programs going", including carpet bowling, swimming and a walking program. Walking programs were also cropping up in other communities, as well. Said one participant, "We have many routes and my wife was the founder of this walking club and because she was

involved in the running club in Halifax for a couple of years and as a result, we have people signed up from Charlos Cove, Larry's River, Tor Bay, Port Felix, and we'll choose a community one week and the run or walk will be from one community to another." Shuffleboard and darts were two other recreational pastimes mentioned, and the Legion, and various clubs and church groups were also common focal points for social activities. For those who wished to be and could be active, there seemed to be plenty to do. "I came from away and I can tell you every 3 months or so my wife and I have to go someplace else to get a rest. We're on the go all the time."

Questions regarding social participation, like those on respect and social inclusion, led to a discussion of the **challenges relating to transportation** in the groups whose participants lived some distance from local centres. One participant, for instance, felt that "a lot of people don't get to church because of... transportation." "I don't think anybody stays away from church because they can't get there," countered another participant, "because any of their neighbours or friends would drive them." Another agreed with her: "With our church, if somebody can't make it but they want to come, we make sure they get a ride."

Yet, the uneasiness about the social isolation of some seniors would crop up again and again.

In fact, participants in one focus group were quite vocal in emphasizing that their views were **not representative of all seniors in Guysborough County**. "The people around this table," cautioned one woman, "do not represent the majority of seniors in Guysborough County—don't write down these things and think you know what's going on in Guysborough County." A woman in another community echoed her concern about the narrow representation of seniors at the table "because we're all kind of speaking the same language here. And there is another language to be spoken." There was earnest discussion in this group about how the voice of "invisible" seniors in Guysborough County might be heard. One participant felt that even if marginalized and/or isolated seniors were brought to the table, they might not speak. "If I had brought the other two widow women [her neighbours] with me," said one participant, "they wouldn't open their mouths. Even if you ask their name and [ask them to] stand up and say where they're from, they'd faint." Another agreed. "But if you hadn't had a little education or something, you don't speak... the reason I went through the Christopher Course and before that I wouldn't open my mouth either. Good training, gives you that courage to get up and say something." "But", added another, "the older people in the country never got to talk." Concerns about socially isolated seniors led to **suggestions on how their voices might be included in future discussions** such as this. "Well," said one woman, "maybe at another meeting, we each would take responsibility for trying to bring someone who is having difficulty, like some of the seniors up at the seniors club, seniors apartments." Another added, "I think probably we might be

able to get some people to a meeting like this [in future]. Some of us would bring a person in, maybe one woman on a fixed income who's living in a house by herself for instance, or a man to see how their doing, what's their transportation situation, where do they get their groceries?"

2.1.6 Information and Communication

Seniors in all four communities spoke of newspapers (both local and otherwise) and word of mouth as popular ways to obtain information. Seniors in three groups spoke of using the internet or email, and seniors in two groups mentioned radio announcements. Other means mentioned were cable television, municipal and school newsletters, posters, church announcements and bulletins, the Nova Scotia Department of Seniors *Programs for Seniors*, and "the government section in the phone book".

"Not very good," was the response to the question, "What's it like to access information on government services?" One participant spoke of her attempt to get a grant. "A year ago April, I filled out an application to have some insulation in my home and they sent me a letter last fall saying they had my application, but that's the last I ever heard from them. Sitting on a desk they said." This prompted the following story from another participant: "We went to see the minister of DVA at a meeting in February a year ago and he was going to get back to us. Somebody called us a year ago and said they would be coming to see us and never showed up."

The challenges related to **automated answering services** employed by governments surfaced in all but one focus group. "That's the worst thing the government could have instigated...all departments do it—everybody's doing it, it's ridiculous," complained a participant. A participant in another group echoed her sentiments. "You call a government department, you listen to 5 or 6 or 7 choices and press the button and then when you get to that department, it's probably not what you want anyway. **I even find it's not categorized very well.**" Another participant agreed. "It's the wording. All these fancy terms for things now. It's a nuisance. I hate getting on the phone and I'm younger than a lot of people, and I get frustrated. If you want this you press such and if you want this you press such. It's frustrating. Sometimes it's done so fast you have to start over again." "How," protested another exasperated senior, "do they expect old people to do this?"

Sifting through print information was also a confusing prospect. One participant described her struggle to find information on housing. "They come out with all these books but you have to really, they're not going to tell you about services, you really have to go digging for them." Another participant concurred, relating that her sister had not known that based on her age and income she was

eligible for a property tax rebate. She “found out accidentally that they could have fifty percent of their taxes paid in the municipality...so they called and they said oh yes, you could have had that for a number of years. They’ve been paying full taxes. And **they should be letting people know.** They’ve been retired and could have been getting that all this time.” The same was said regarding the Old Age Supplement. It was learned that their community had once had a federal government service – a “grant program” – that had been set up to educate residents on various programs available such as Employment Insurance, Old Age Security and the Income Supplement. Participants related that the service was “closed...so fast that they had a couple of meetings and it was gone. They didn’t have it in some other communities and we could not have something that someone else did not have. The downturn in the fisheries, that’s how they got it.” So retraction of services had had an impact on information dissemination.

The **centralization of services** was an added layer of frustration. One participant described trying to get help from the local detachment of the RCMP. “If you have an incident where you want to get in contact with the RCMP, you look the number up in [the local phone book] and you dial that number, you get Truro. And if you want to call the Royal Bank, you dial the number, you get Mississauga, you want an appointment with the manager and then they have to get back to [your area]. Maybe the next day they’ll call you and change your appointment.” As far as one senior was concerned, “It’s simpler to walk in off the street and ask.” “That’s progress,” concluded another rather wryly.

The idea of a **call centre** surfaced once again with this conversation. “This is why we need a calling center for seniors. There’s too many things, everything I put down here, it all adds up to a calling center. Where seniors can call one number.” A few other participants picked up on this comment and a discussion ensued on how a **helpline** could work in their local area. “It would have to be one number. You couldn’t change numbers all the time cause that’s too confusing,” said one participant.” “You could have volunteers,” suggested another, “five for 50 seniors and each one take 10.”

In another community, seniors felt that some of the challenges with communications would be relieved with the **hiring of paid staff, e.g. recreation coordinator, to co-ordinate and publicize events.**

2.1.7 Civic Participation

Seniors in all communities were or had been volunteers, both formally and informally. They reported being involved in campaigning for the Cancer society, Red Cross and “things like that”. “I imagine,” said one woman, “some people are doing a lot of informal volunteering around the table and they’re not considering it volunteering. Driving people...” Another noted, “When we were doing the ball field a lot of support from people who bought tickets, sold tickets, sold chocolate bars and it was people sitting around this table that contributed to that.” As mentioned previously, seniors in one community felt they did most of the volunteering in the community and kept many of the services going. Seniors in another community felt there was “no shortage” of opportunities to volunteer, and that they received plenty of recognition through events such as special dinners and barbeques. In fact in one town, “the history of each person [who volunteers] is written into the town. What they’ve volunteered for. And then representatives from the church and organizations...are chosen [and the] chosen volunteer goes to Halifax.” Another senior spoke of her numerous volunteer engagements. “I’m vice chair of the seniors games so I get to go to a lot of meetings. And then Falls Prevention Coalition. I’m on that one too. Volunteer at the club. All sorts of ways you can volunteer [in this community]. Another senior added a caveat: “If your health is good and you like doing it. Sometimes you like to do a whole lot and you can’t do it. That’s what kills ya.”

Discussions around civic participation were fairly brief. Seniors from one community noted that they had a senior representing them on Council. Seniors in another community were satisfied with their local MLA (Ronnie Chisholm) and their MP (Peter MacKay). “[We] just contact them a lot. They’re conscientious people.” Seniors in a third community noted that they had a seniors’ council on the municipal council and the “Guysborough Council for Seniors”²⁷.

2.1.8 Health and Social Services

Most seniors in this study found the health services in their communities were very “age-friendly”. In fact, one participant was confident that health care in her community “one area where you wouldn’t find too much lacking...because we’re one of the fortunate communities in NS to have three physicians, excellent physicians.” **“We have no trouble accessing a doctor here,”** enthused another participant, “The doctor would be waiting at the door, if you call in the middle of the night.” Physicians also made house calls “if you need it” but also “cause there is some people in [the communities] who don’t want to go to the doctor. So she will go to them.” Participants in one community in this study were served by three

²⁷ Referring to the Antigonish/Guysborough Seniors’ Council which is comprised of fifteen senior’s clubs within Antigonish and Guysborough Counties. The Council Clubs meet as a group the last Monday of the months of March, June, September, and November.

doctors from out-of-town who took turns in rotation. They stayed at the local hospital.

Local hospitals and medical centres also received high praise from participants. “We have an excellent hospital,” boasted one participant, “and the one thing that pulls this community together is the hospital—everybody supports the hospital.” This strength of that support was evident in the comments of a participant from another community. “I know there was a time when we thought the hospital was going to close because of the expansion of the seniors home. The communities both, black and white, rallied around fundraising and things like that to keep the hospital here. So we’re very fortunate.” Local hospitals and medical centres also provided **diabetic and foot care clinics**. Each community also had at least one **ambulance as well as volunteer fire departments that were equipped with the Jaws of Life**. “Our ambulance service seems pretty good,” chimed in one participant. “Pretty close by—fortunate. I can only speak from Ontario, having just come from there and it’s terrible there in comparison and look at the money and the people they have, so it tells you a lot about the community in Nova Scotia.” One community, while positive about their local hospital, spoke of the loss of services within the hospital accompanying the economic downturn in the area. “We have lost some things in the hospital that we had at one time. They say change is good but I think we lost---if I had a heart attack, at the hospital there’d be trained people to look after me but there’s cracks in it.” Seniors in this group described the gradual loss from their communities of specialists such as a school psychologist, physiotherapist and dentist. Services to the community were either supplied once or a twice a week by a visiting specialist, or had to be accessed by traveling to urban centres.

The lack of specialists in the communities was a major challenge, implicit and explicit throughout many of the discussions. Seniors testified time and again to spending much time and high transportation costs to access the services of specialists. “I go to a rheumatologist, half of [my town] is there. All kinds of doctors and specialists are there - eye, allergy, optometry. If we had more of that ‘cause that’s what causes the transportation problem. You’re a senior, you don’t drive, don’t have extended family here, there’s no taxis, how do you get to Antigonish? New Glasgow?” Or, as one participant who had had cataracts (a common ailment in the elderly) noted, even if a senior could drive, they wouldn’t be able to do so after getting the usual eye drops. He had made seven trips to New Glasgow before actually having his surgery. “Thank God my daughter had a car,” he said, gratefully, “or I wouldn’t have got there.” Seniors in this community suggested having **visiting specialists once or twice a year would be helpful**.

Participants in each community were aware that home care was available to seniors. However, it was noted that the degree to which one could get help varied greatly. “If you can pay, you got it made,” was one participant’s observation. A woman in another community advised that while there was home support, “it’s not too much going on to do your housework.” Each community also had access to Meals on Wheels, as well as a food bank that had been operating “for about 15 years. There’s never been a time when we haven’t had adequate food and money in the bank to pay...the people are very, very supportive.”

High cost of prescription drugs was mentioned in two focus groups. “The seniors get their cheques at the end of the month,” explained one participant, “and if it’s the middle of the month and you need a prescription, hopefully you have a little bit tucked away that you can but if not—.” Another woman noted her prescriptions cost \$1,000, which exceeded her monthly income. She described taking her medications every second day, or every third day in order to make them last. Another participant said she knew people who “go to the doctor, the doctor gives them a prescription, but they can’t get it. Sometimes a doctor will have samples and she can give them the sample. But if she doesn’t have them they just leave with the prescription and they wait till the end of the month and it’s terrible.”

Bureaucracy was sometimes a barrier to getting some relatively simple services. One participant told the following story of a woman who had had eye surgery: “She needed [eye drops] and nobody could put the eye drops in her eyes so you go home and you do your—thank god she had a lady in the senior building who volunteered but...that’s lacking in the community. It’s okay to have the Department of Health but for little things. These people can’t do them on their own. By the time the doctor put in the order a week or so has gone by and she hasn’t had her eye drops after surgery. So they need somebody...” Another participant concluded, “It’s the...paperwork you have to go through for these older people, they don’t know anything about these forms that they---all they want to do is to have somebody come in and give them some eye drops but they have to go through Sydney and somebody else and...” What was missing, it was suggested, was a “middleman”. “If you had somebody from the hospital, 2 or 3 nurses, for 5 minutes to run over and do that, it would be a good service.”

A **lack of information on government services**, as well as an inconsistency in those services, surfaced during discussions on health and support services, this time in regard to veterans. While one participant was aware of and had received all necessary services from DVA, another woman – the widow of a veteran – shared her **lack of awareness of the services** available to her. “That’s happened to me, a veterans wife, after my husband died, I could have gotten help but I didn’t know anything about it. She [another veteran’s widow in the group] was on the phone

one day and she was getting help for...someone coming in. I never had a clue, no one breathed a word." There was a question as to whether widow(er)s could receive services if their spouse had not been receiving DVA benefits before their death. "My mother," shared one woman, "could not get it after my father died because my father [hadn't accessed DVA benefits]."

2.2 Limitations of the Study

This study has limitations which need to be taken into account when considering the study and its contributions. One limitation is the **relative homogeneity of the participant sample**, an issue which, as noted previously, was raised by concerned seniors in some of the discussions. For instance, despite attempts to recruit seniors with moderate to more severe disabilities, only two seniors had a significant physical disability, and only one claimed to have "poor health". Many participants were still driving their own cars. So as one participant observed, "Hey, we've got a select group here, today, and I don't think it's a real cross-section." In fact, some questioned the researchers as to whether enough effort had been made to recruit isolated seniors in the County. When asked to speculate on what might have prevented some seniors in more remote areas from attending the discussions, participants identified several possibilities. One was the **lack of transportation**. **Severe health problems** were also cited as a possible hindrance to participation. It was also suggested that "if you hadn't had a little education or something, you don't speak." Moreover, many seniors, it was felt, were not comfortable participating in group discussions because this was simply not a **part of the culture** among country folk in the area. Add to this that the researchers were "from away" – outsiders – may have also discouraged some seniors from participating. In fact, the researchers noted what appeared to be a **marked reticence** among some who did attend discussions **to share their opinions and experiences**. While one could speculate about the reasons behind this reticence, participants themselves did provide some clues. For instance, the assertion of one participant that "seniors are private people" might explain some of the restraint. Otherwise, participants' comfort level with the research process itself and/or with discussion leaders being of different cultural backgrounds may be factors. The reticence to share may also partly be explained by doubts – as expressed in some groups – that the "higher-ups" would do anything beneficial with the results of the research project. They had participated in other initiatives, only to see no real change take place in their living conditions. All talk and no action seemed to be the sentiment of some. "We've said all we need to. Get something done," stated one participant, flatly. Another participant's comments betray an attitude of resignation. "Not too much to talk about. All the same. I just pray and keep on going."

The **recruitment of caregivers** for focus groups, which was intended to capture the voice of more isolated seniors, was not as effective as hoped. First of all, it was difficult to recruit them due to challenges related to caregiving responsibilities; only three caregivers actually attended focus groups, hardly a representative sample. In addition, these participants were relatively quiet during discussions, and when they did speak, they shared very little regarding their care receivers' personal experiences. There could be various reasons for this. One is that it may have been difficult to share the personal struggles of the care receiver with others in their communities - others with whom they were very familiar. Another may be breaching the privacy of the care receiver may have been problematic for the caregivers, despite discussions around confidentiality. Be that as it may, the combining of caregivers with seniors in focus groups did not prove an effective means for hearing from the isolated senior in this study.

3 SUMMARY OF FINDINGS

Guysborough County offers a number of age-friendly benefits that make it desirable for seniors to live there. Tranquility, beautiful scenery, low traffic volume, supportive social networks, and communities characterized by relatively high respect for seniors make living in the County attractive. While crime, i.e. break-ins, is a concern for seniors in the more remote communities, for the most part it is felt that these communities are safer than more populated areas. Local health care services are another age-friendly aspect of the communities studied. While the retraction of health care specialists and the lack of transportation make access to specialists' care a challenge, local hospitals, physicians and clinics combine systems such as Telehealth with other innovative approaches to provide a relatively high standard of care to seniors in the area. Finally, active seniors feel Guysborough County is age-friendly in that it offers plenty of opportunities to remain fit, as well as to engage in social and civic participation, as long as one has access to transportation.

Not surprisingly, transportation is a key preoccupation for many seniors in Guysborough County. This is particularly so because they have to travel further and more often than their urban counterparts to access essential services, including gas stations, grocery and clothing stores, and specialists' appointments. For seniors in the County (particularly those with chronic health problems) who live on fixed incomes, the costs incurred in driving long distances to services increases economic hardship. Those who cannot drive are forced to rely on family, friends, and neighbours, something many are reticent to do. As a result, the ill health of many seniors in the County is intensified by the lack of access to transportation.

The lack of transportation affects more than physical health. It also affects the extent to which seniors can engage in social participation, and by extension, emotional health and wellbeing. While it is evident that community members and family frequently stand in the gap by providing drives, the drivers themselves are often seniors who have their own concerns about driving after dark, especially during the winter months of the year. Add to this the distances one must often drive to pick up a neighbour in need of a drive with the rising prices of gas, and even volunteer drivers are often limited in the help they can provide. But this study does raise questions around the impact that isolation has on the rural senior driver. Participants in this study indicate that some seniors are reportedly continuing to drive when their ability to do so safely is in question. Hence, a question this study raises is the extent to which senior drivers in rural areas are on the road long after they should be, simply because they have no other options. But that is a question for future research.

Seniors in Guysborough County have significant concerns around housing. Those who are still in their own homes are experiencing increasing economic hardship due to rising fuel costs, a problem that is accentuated because most seniors in the County are living in older, often homes that are inadequately (or not at all) insulated houses. A lack of awareness of, and confusion around, government programs such as those meant to assist with things like making one's home more energy efficient are also apparent. The "red tape" involved in accessing such grants is also a hindrance for many who don't understand the requisite forms. Finally, home maintenance is a challenge for many seniors. Though some would like to hire others to do odd jobs around their home and property, it is difficult to find labourers because many have left the County in search of work.

Seniors in Guysborough County are also concerned with the lack of housing options available to them once they can no longer maintain and/or remain in their own homes. There are wait lists for the few seniors' apartments that do exist in the County, apartments that tend to be too small for the needs of younger seniors who frequently have more material comforts than their older counterparts. In addition, few units in the County are accessible. Many seniors, therefore, are remaining in their own homes because there are no, or few, options available to them unless they are willing to leave the County or are incapacitated enough to qualify for a nursing home.

While seniors in Guysborough County note additional challenges such as the inaccessibility of some public buildings, and difficulties in accessing information from government, by far their biggest concerns are focused on housing and transportation. They suggest that the provision of more seniors' housing, at all levels, in the County would be a welcome improvement. Suggestions regarding the transportation dilemma, however, are mixed. Some suggest a government-subsidized shuttle or Dial-a-Ride in the area would greatly benefit seniors, yet questions remain around just how well these resources would be utilized by residents. Others suggest a call centre for seniors with a volunteer coordinator who would organize resources to meet the needs of clients. It is believed that resources are available in the community to meet the needs of seniors, but that awareness raising amongst the general population regarding those needs is necessary, along with a coordinator who could connect those in need with those who can take action.

APPENDIX I - Profile of Canso

Location and Topography

Discovered by Basque fisherman in the early 1600s, Canso, derived from the Mi'kmaq word "Kamsok", meaning "opposite lofty cliffs"²⁸, is located on the southern shore of Chedabucto Bay. The southern limit of the bay is at Cape Canso, a headland approximately 3 km southeast of the town. Canso Harbour is protected by the Canso Islands, a small group of islands lying immediately north and east of the mainland, with Durells Island, Piscataqui Island, George Island, and Grassy Island being the largest. Canso is 115km (approximately 1 hour) east of Antigonish and 110km (approximately 45 minutes) southeast of Port Hawkesbury.

Distinctive Characteristics

- Mainland Canada's oldest seaport
- Home of Grassy Island, which played a key role in the struggle between French and English attempts to claim land in North America.²⁹
- Home of the world-famous Stan Rogers Folk Festival
- Centre for a groundbreaking, digital education project for training Licensed Practical Nurses³⁰, the only one of its kind in Eastern Canada

Climate

Located at the end of a peninsula jutting into the Atlantic Ocean, Canso frequently experiences fog, particularly during the warmer summer months when continental air temperatures meet cooler ocean temperatures offshore.

Population and Population Changes³¹

With the downturn in the fisheries, outmigration has become a major issue in Canso, as with many other coastal fishing communities. Based on the 2001 Census of Population, Canso has a population of 1,698 which is 23.0% lower than in 1991. In 2001, 22.4% of the population of Canso was under the age of 20 and 16.0% was 65 years or older. Total census families decreased 12.3% to 520, and 99.5% of people in Canso were Canadian citizens..³² There were 1,455 persons

²⁸ The Natural History of Nova Scotia. Canso Barrens. <http://museum.gov.ns.ca/mnh/nature/nhns2/800/852.htm>. Retrieved May 15, 2007.

²⁹ Canso: 400 Years of History <http://canso.clientview.ca/whatnew.php>

³⁰ http://www.nsc.nsc.ca/News_Events/Media/2000/05-02-00-00.asp

³¹ Includes: Canso, Dover, Durells Island, Fox Island Main, Hazel Hill, Tittle Road.

³² Communication from Community Counts, July 9, 2007.

living in families in 2001, which is down 24.8% from 1991. 2.1% of persons were living with relatives, 2.4% were living with non-relatives, and 9.0% were living alone.³³ In 1996, 25.3% of the population of Canso was under the age of 20 and 13.2% was 65 years or older. Total census families decreased 6.4% to 555, and 99.5% of people in Canso were Canadian citizens.³⁴

In Canso in 2001, there were no immigrants, and 99.5% of people in Canso were Canadian citizens.³⁵ Twenty-four point four percent of people in Canso claim French heritage, followed by Irish (20.5%), English and Scottish (both at 15.7%). Other ethnicities include Acadian (1.5%), Dutch (3.8%) and German (6.1%).³⁶

Housing Types and Tenure

In 2001, 85.5% of the population of Canso owned their dwellings and 16.5% rented, compared with provincial averages of 70.8% and 28.8%, respectively. In Canso, 58.9% of dwellings required either major or minor repairs in 2001, up 2.2 percentage points since 1991. The average value of dwellings in the area increased 8.0% between 1991 and 2001 to \$42,722. Major monthly payments for homeowners averaged \$376 in 2001, compared with \$456 in 1991. Average monthly rent in Canso decreased from \$493/month in 1991 to \$228/month in 2001.

Industry and Employment

The employment rate for Canso residents aged 25 and over decreased by 6.7 percentage points to 47.3% between 1991 and 2001 and there were 138 fewer employed workers. The employment rate in Canso for residents aged 15-24 years decreased by 15.6 percentage points, to 15.1% between 1991 and 2001 and there were 88 fewer employed workers.³⁷ In 2001, the median³⁸ income for individuals in Canso was \$12,962 a year, compared with the provincial median of \$18,735, and the Canadian median of \$22,120. Families in Canso had a median income of \$38,533, compared with the provincial median of \$46,523 and the Canadian median of \$55,016.³⁹

³³ Ibid.

<http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?sub=households&gview=1&gnum=com1305&gnum2=com1305#title>. Retrieved May 17, 2007.

³⁴ Communication from Community Counts, July 9, 2007.

³⁵ <http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?ptype=&gnum=com1305&gname=Canso>ype=Community&yearid=&yearid2=&acctype=&chartid=&mapid=&dcol=&gnew=2&gview=1&sub=demographics>

³⁶ http://www.gov.ns.ca/finance/communitycounts/table_d10.asp?ptype=sub&gnum=com1305&gname=Canso>ype=Community&yearid=&yearid2=&acctype=demographics&chartid=&mapid=&dcol=&gnew=2&gview=1&sub=

³⁷ Ibid. <http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?sub=labour&gview=1&gnum=com1305&gnum2=com1305#title>. Retrieved May 17, 2007.

³⁸ The age criteria for the Median Income data is 15+.

³⁹ Ibid.

Lucrative fisheries allowed Canso to thrive and grow for four centuries. However, the collapse of fish stocks off the coast of Atlantic Canada in the 1990s and subsequent closure of a major fish-processing plant introduced troubled times to the town. Key employers today in Canso include Seafreeze Foods (when it is in operation), the Doppleganger Canso Inc. call centre⁴⁰ and tourism. The town is working to expand its tourism, ecotourism and wind energy sectors, and has participated in an innovative digital education pilot project that combines distance education with practical instruction for the training of LPNs. The project was part of the town's efforts to develop and diversify its local economy while also supporting efforts to resolve nursing shortages that are currently plaguing rural Nova Scotia.⁴¹

Tourism and Recreation

Canso has the County's only arena which hosts the Canso Minor Hockey Association and the Canso Figure Skating Club. The town also has a swimming pool, two lighted ball fields, a curling club and an outdoor basketball court.⁴² Canso has been working to enhance its tourism industry. Each year, the town hosts the world famous Stan Rogers Folk Festival⁴³, now in its eleventh year, which attracts some 10,000 – 15,000 music fans annually.⁴⁴ Other attractions include the Canso Islands National Historic Site, the Whitman House Museum and Tourist Bureau, and the annual Canso Regatta, a week-long event held in August. The Town is also working to develop eco-tourism in the area.⁴⁵

Health Services

Canso's health services include, a pharmacy, the Canso Seaside Manor (a 10-bed facility), an ambulance, the Canso Medical Centre, and the Eastern Memorial Hospital which has 8 medical beds and provides 24 hour emergency services, core laboratory and x-ray services, physiotherapy, palliative care services, social work services, foot care clinics, a diabetic clinic, nutrition clinics, and a number of other visiting clinics. Three physicians from other communities take turns serving for two-week periods in the town.⁴⁶

⁴⁰ Canso Economic <http://canso.clientview.ca/econ.php>35 Communication from Community Counts, July 9, 2007.

⁴¹ "Practical Nursing in Canso" http://www.nssc.ns.ca/News_Events/Media/2000/05-02-00-00.asp. Retrieved May 29, 2007.

⁴² http://www.gcrda.ns.ca/index.php?option=com_content&task=view&id=6&Itemid=216

⁴³ www.stanfest.com

⁴⁴ <http://www.novascotialife.com/?q=node/119>

⁴⁵ Canso Economic <http://canso.clientview.ca/econ.php>

⁴⁶ http://www.gasha.nshealth.ca/Services/Eastern/Services_and_Programs.htm

Government

The Town of Canso was incorporated in 1901. It is governed by a Mayor and six Town Councillors.

Services and Amenities

Canso has a variety of services and amenities including a bank, a tavern, garage, arena, a variety store, grocery stores, library, post office, RCMP detachment, fire department, restaurant, pharmacy, pool, marina, park, liquor store, walking trails, and accommodations.⁴⁷

APPENDIX II - Profile of Guysborough

Location and Topography

Guysborough, which has a total land area of 7.8 sq kms, is a town on the Eastern Shore of Nova Scotia in Guysborough County on Nova Scotia Route 16 at the head of Chedabucto Bay. It is the ShireVillage of Guysborough County. Guysborough is approximately 45 minutes from Antigonish, and almost three from Halifax taking the Trans-Canada Highway (Rte 104), or a leisurely 4 hour drive from Halifax following the scenic coast.

Distinctive Characteristics

- Guysborough Harbour is the largest bay on the Atlantic Coast.
- Chedabucto Bay is home to Wilma, the Beluga Whale
- Home of the only traveling theatre in Guysborough County – the Mulgrave Road Theatre Co-op

Population and Population Changes

In 1996, Guysborough had a population of 2,217, which was 6.2% lower than 1991. By 2001, Guysborough's population had dropped to approximately 2000, which is over 14% lower than in 1991. In 2001, 25.0% of the population of Guysborough was under the age of 20, a 2.3% drop from 1996, and 20.0% was 65 years or older, and increase of 2.5% from 1996. In 2001, for Guysborough, total census families decreased 4.8% to 551, whereas in 1996 total census families had increased 0.7% from 1991 to 583.. Married families declined by 8.8% while common law families increased 7.7% and lone-parent families increased 14.6%. Lone female parent families were 16.3% of all families while lone male parents were 1.8% of all families.

In Guysborough in 2001, there were 65 immigrants which is 3.3% of the population. 98.0% of people in Guysborough were Canadian citizens, a decrease from 99.1% in 1996.⁴⁸ Guysborough is largely made up of descendants of Ireland (29%), Scotland (25.6%) and England (20.3%). Other ethnicities include French (11%), German (10.2%), African (7.3%), Aboriginal (2.1%), and Dutch (1.2%).⁴⁹

⁴⁸ <http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?ptype=&gnum=com1306&gname=Guysborough>ype=Community&yearid=&yearid2=&acctype=&chartid=&mapid=&dcol=&gnew=2&gview=1&sub=demographics>

⁴⁹ http://www.gov.ns.ca/finance/communitycounts/table_d10.asp?ptype=sub&gnum=com1306&gname=Guysborough>ype=Community&yearid=&yearid2=&acctype=demographics&chartid=&mapid=&dcol=&gnew=2&gview=1&sub=

Housing Types and Tenure

In 2001, 89.2% of the population of Guysborough owned their dwellings and 9.9% rented, compared with provincial averages of 70.8% and 28.8%, respectively. In Guysborough, 49.3% of dwellings required either major or minor repairs in 2001, down 3.6 percentage points since 1991. The average value of dwellings in the area increased 34.9% between 1991 and 2001 to \$66,477. Average major monthly payments for homeowners was \$393 in 2001, compared with \$361 in 1991. Average monthly rent in Guysborough increased from \$267/month in 1991 to \$340/month in 2001.⁵⁰

Industry and Employment

Guysborough derives some of its business from the Sable Offshore Project and the gas plant in Goldboro. Tourism is also a significant source of revenue. Average individual earnings in Guysborough are \$34,835, and 31.6% income comes from government transfers.

The employment rate for Guysborough residents aged 25 and over decreased by 0.5 percentage points to 47.8% between 1991 and 2001 and there were 55 fewer employed workers. The employment rate in Guysborough for residents aged 15-24 years increased by 15.2 percentage points, to 42.9% between 1991 and 2001 and there were 28 more employed workers,⁵¹

| Industry | Total | Percent |
|------------------------------|--------------|----------------|
| Total Number in Labour Force | 2205 | 100 |
| Agriculture/resource-based | 440 | 19.6 |
| Manufacturing/construction | 670 | 30.4 |
| Wholesale/retail | 215 | 9.8 |
| Finance/real estate | 45 | 0.02 |
| Health/education | 330 | 15 |
| Business | 195 | 0.08 |
| Other | 300 | 13.6 |

The median family income is \$31,082 (\$19,653 for singles).

50 <http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?ptype=&gnum=com1306&gname=Guysborough>ype=Province&yearid=&yearid2=&acctype=&chartid=&mapid=&dcol=&gnew=2&gview=1&sub=households>

51 <http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?sub=labour&gview=1&gnum=com1306&gnum2=com1306#title>

Tourism and Recreation

Tourist attractions in Guysborough include the Old Court House, a Heritage Property built in 1843 and now a local museum featuring the history of early Acadian and Black settlements in the area. Mulgrave Road Co-op Theatre, a touring theatre company, is based in Guysborough. The Guysborough County Trail, located along an abandoned rail bed, is part of the Trans Canada Trail system. Guysborough Come Home Week is held at the end of July.⁵² The Afrikan Canadian Heritage & Friendship Centre, located in the Chedabucto Place, houses numerous resources on the history and heritage of African Nova Scotians in the Guysborough region. The local golf course is also a major tourist attraction. The newly opened Chedabucto Place Performance Centre, which opened in May of 2007, is expected to also be a cultural centre for the area.

Guysborough has a state-of-the art fitness centre, bowling lanes and a curling club in nearby Boylston.

Health Services

Health services in Guysborough include the Guysborough Memorial Hospital which has 10 medical beds and provides 24 hour emergency services, core diagnostic services (including laboratory, x-ray and EKG), a diabetes education centre, palliative care, physiotherapy, foot care clinic, and social work services. The facility hosts a number of visiting clinics for pediatrics, ophthalmology and addiction services, as well as initiating a number of primary health efforts in gynecology screening, arthritis self-help, and Well Men / Women programs.⁵³ Guysborough also has three physicians, two ambulances and a pharmacy.

Government

Guysborough (village) is the administrative seat for the Municipality of the District of Guysborough.

Services and Amenities

Guysborough includes a fully serviced marina, bank, convenience store, numerous craft shops, pharmacy, accommodations, and several restaurants. Within 2km of the central town are a liquor store, a 9-hole golf course, grocery store, hardware store, heated outdoor pool, tennis courts, fitness centre, the Trans Canada Trail as well as a hospital and RCMP Detachment.⁵⁴

⁵² <http://www.destination-ns.com/common/trails/areaid.asp?AreaID=5C>

⁵³ http://www.gasha.nshealth.ca/Services/Guysborough/Services_and_Programs.htm

⁵⁴ <http://www.rarebirdpub.com/marina>

APPENDIX III – Profile of Sherbrooke

Location and Topography

Named in 1855 after Sir John Coape Sherbrooke who served as both Lieutenant Governor of Nova Scotia (1811-1816)⁵⁵ and Governor General of Canada (1816-1818), Sherbrooke is an unincorporated community located in central Guysborough County, on the banks of the St. Mary's River. Occupying 981 sq kms, Sherbrooke and the land surrounding it, as with much of Guysborough County, is largely flat, barren and rocky, with small pockets of fertile, arable land in the intervals of the St. Mary's river and here and there in the forests.⁵⁶

Distinctive Characteristics

- With 80 buildings (25 of which are private) Sherbrooke Village is the largest Nova Scotia Museum site
- Home to one of the finest salmon streams in the province
- Home to St. Mary's River Smokehouses, one of the largest salmon smokehouses in Canada, processing close to a million pounds of Atlantic salmon annually.
- At 110 kms, the Saint Mary's River is the province's longest

Population and Population Changes

Based on the 2001 Census of Population, Sherbrooke has a population of 1,709 which is 10.0% lower than in 1991. The 1996 Census reported a population of 2,217, which was only 2.1% lower than in 1991. In 2001, 23.8% of the population of Sherbrooke was under the age of 20, an increase from 26.4% in 1996. In 1996 19.6% of the population was 65 or older, compared with 21.2% in 2001. In 2001, total census families decreased 1.5% to 576, but were up from 511 in 1996. 91% of Sherbrooke's population was born in Nova Scotia, a drop from to 99.2% in 1996.⁵⁷

⁵⁵ The History and Development of Sherbrooke in Guysborough County, Nova Scotia. <http://museum.gov.ns.ca/sv/history/blakeley/index.html>. Retrieved May 17, 2007.

⁵⁶ http://museum.gov.ns.ca/sv/history/blakeley/_1_10.html. Retrieved May 17, 2007.

⁵⁷ 1996 figures courtesy correspondence from Community Counts, July 10, 2007.

Nearly all (99.7%) of people in Sherbrooke are Canadian citizens⁵⁸, with 29.2% claiming English heritage, 23.7% claiming Scottish heritage, and 9.9% claiming Irish heritage. Other ethnicities include French (8.4%), German (21.1%), Dutch (4.5%), Italian (5.7%), and Aboriginal (1.9%).⁵⁹

Housing Types and Tenure

In 2001, 93.1% of the population of Sherbrooke owned their dwellings and 8.3% rented, compared with provincial averages of 70.8% and 28.8%, respectively. In Sherbrooke, 49.2% of dwellings required either major or minor repairs in 2001, up 7.6 percentage points since 1991. The average value of dwellings in the area increased 43.3% between 1991 and 2001 to \$65,251. Average major monthly payments for homeowners was \$334 in 2001, compared with \$282 in 1991. Average monthly rent in Sherbrooke decreased from \$400/month in 1991 to \$184/month in 2001.⁶⁰

Industry and Employment

Historically, Sherbrooke's economy was built on ship building, lumbering and gold mining. Today, the town's economy is largely seasonal, turning on tourism dollars that come in through its museum complex and a continual cycle of festivals held throughout the year. The salmon fishing industry and the development of land along the St. Mary's River (Sawmill Landing Development) also contribute significantly to the economy.

Recreation and Culture

The key tourist attractions include Sherbrooke Village Museum, which attracts 45,000 tourists annually, the Sherbrooke Show and Shine, the Courthouse Concert series, and the local salmon fisheries. The town also has a library, recreation centre, a ball field, a curling club, and a whole host of sports and recreational clubs.⁶¹

⁵⁸ Nova Scotia Community Counts

<http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?ptype=&gnum=com1302&gname=Sherbrooke>ype=Province&yearid=&yearid2=&acctype=&chartid=&mapid=&dcol=&gnew=2&gview=1&sub=demographics>. Retrieved May 17, 2007.

⁵⁹ http://www.gov.ns.ca/finance/communitycounts/table_d10.asp?ptype=sub&gnum=com1302&gname=Sherbrooke>ype=Community&yearid=&yearid2=&acctype=demographics&chartid=&mapid=&dcol=&gnew=2&gview=1&sub=

⁶⁰ Nova Scotia Community Counts

<http://www.gov.ns.ca/chartfx62/communitycounts/profiles/profile.aspx?sub=households&gview=1&gnum=com1302&gnum2=com1302#title>

⁶¹ <http://www.saint-marys.ca/recreation/index.php>

Health Services

St. Mary's Memorial Hospital is an accredited, eight-bed acute care facility served by two physicians that provides 24 hour emergency services, core diagnostic services (including laboratory, x-ray and EKG), diabetes education centre, foot care clinics, asthma clinics, social worker, palliative care, well women's and well men's clinics, physiotherapy, and clinical nutrition services. Physician offices are located on site, as well as Home Care and Public Health Services.⁶² The Municipality of St. Mary's and area is fully covered by 911. Sherbrooke has one ambulance that covers Sherbrooke and the outlying communities. The local fire departments and ambulances from Country Harbour and Ecum Secum (1/2 hour drive to the east and west of Sherbrooke, respectively) to provide back-up for our station. Sherbrooke also has a 39-bed home for special care for residents who require around the clock nursing care.⁶³

Government

Sherbrooke is the administrative seat of the Municipality of the District of St. Mary's but does not have its own municipal government. The municipality is divided into seven polling districts, which are represented by seven councilors who are elected for a four year term.⁶⁴

Services and Amenities

Sherbrooke offers a variety of services and amenities including a hospital, library, schools, police and fire departments, bank, post office, and sporting facilities. The Municipality provides services such as water, sewer, a municipal garbage transfer station, street lighting, building inspection, program development department, roads, policing, subdivision and assessments.⁶⁵

⁶² District of Saint Mary's Business Case 2005-06 <http://www.saint-marys.ca/planning/businessplan.pdf>. Retrieved May 17, 2007 and Municipality of the District of St. Mary's Services <http://www.saint-marys.ca/services/health.php>. Retrieved May 17, 2007.

⁶³ Ibid.

⁶⁴ <http://www.saint-marys.ca/council/council.php>

⁶⁵ <http://www.sherbrookenow.ca/>

APPENDIX IV - Profile of Sunnyville

Geographic Location and Topography

Sunnyville is located in the Guysborough/Canso region of the Marine Drive, just a few minutes' drive outside of the Village of Guysborough.

Distinctive Characteristics

- One of Canada's and Nova Scotia's first Black settlements
- Home to descendants of Black Loyalists who arrived in the area in 1764-65, one of the longest continuous line of early settlers⁶⁶

Population and Population Changes

Statistics Canada does not report statistics specific to Sunnyville, but includes the community within the nearby Village of Guysborough. However, an asset map produced by the Antigonish/Guysborough Black Development Association in 2003 produced data regarding population, housing types and tenure, employment, recreation and culture. The information in this and the following three sections is derived from this report.

In 2003 Sunnyville had a total population of 323, with 34 people (10.5%) being 55-64 years old, and 57 (17.6%) being over the age of 65.⁶⁷ As with all communities in Guysborough County, Sunnyville has seen a steady decline in its residents due to lack of employment.⁶⁸ Ninety-two percent of Sunnyville residents classified themselves as African Canadian, 3.3% referred to themselves as Scottish, 3.3% as African American, and 3.3% as being the "Best of Both Worlds".⁶⁹

Housing Types and Tenure

Of the 120 respondents, 81.7%, or 98, owned their own home. Almost three quarters, or 65% of respondents, had had improvements completed on their homes within the past three years.⁷⁰ Homeowners in Sunnyville lived in their present location for an average of 24 years.⁷¹

Industry and Employment

In 2003, 82 (39%) of the total population who were eligible to work were employed.⁷² Of the 69 responses, 59.4% reported household incomes of below \$20,000.⁷³ In terms of employment, 55.8%, or 58 of 104 respondents, were

66 Destination Liberty!
<http://www.destinationliberty.org/sites/site12.html>

67 Asset Mapping Project: A Community Profile. Antigonish Guysborough Black Development Association, Guysborough, Guysborough County, NS, p. 2. This number increases to 87 if 0-15 and 65+ age groups are included.

68 Information courtesy Donna Hochman, Antigonish Guysborough Black Development Association.

69 Asset Mapping Project: A Community Profile. Antigonish Guysborough Black Development Association, Guysborough, Guysborough County, NS, p. 22.

70 Ibid., p. 6.

71 Ibid., p. 4.

72 Ibid.

73 Asset Mapping Project, p. 9.

employed in the local community or county. Top employers included the government (15%), a “large firm” (7%), sales and services (6.7%) and the primary sector (6.7%). Only 5.8% were self-employed. Distance and lack of transportation were stated as major causes for unemployment. Lack or shortage of work in commutable areas, along with the lack of transportation to where jobs are were significant barriers to employment.⁷⁴

Recreation and Culture

The Afrikan Canadian Friendship Centre, established in 2001 and located in the nearby Chebucto Place, is a key cultural centre for Sunnyville as well as other Afrikan Canadian communities in Guysborough County. It includes numerous artifacts and documents regarding the history and heritage of the African Nova Scotians in the Guysborough and Strait regions. The Centre offers a variety of programs throughout the year for students, teachers and the general public.⁷⁵ Sunnyville has its own ballfield⁷⁶, and has access to recreational facilities at the nearby Chebucto Fitness Centre, which includes lighted tennis courts, an outdoor pool, soccer field, lighted ball field and a fitness room with air conditioning. Sunnyville has two churches and a community hall, which also houses the community’s CAP site⁷⁷.

Health Services

Health services are available to Sunnyville residents through the Guysborough Memorial Hospital and three area physicians, located a few minutes away in the Village of Guysborough. According to a study commissioned by Cancer Care Nova Scotia to document the experiences of African Nova Scotians and the health care system, “There is no formal documentation of the status of African Nova Scotians’ health and no statistics to suggest morbidity or mortality of disease within the African Nova Scotian Communities.”⁷⁸

Government

Sunnyville falls within District 2 of the Municipality of the District of Guysborough and has a representative on the municipal council.

Services and Amenities

Sunnyville is located within minutes of the Village of Guysborough and has access to the town’s services. Sunnyville has its own ballfield, two churches, and a community centre with a CAP site.

⁷⁴ Ibid., p. 3.

⁷⁵ Multicultural Trails of Nova Scotia. http://www.multiculturaltrails.ca/level_3/number275.html. Accessed June 18, 2007.

⁷⁶ Black Business Initiative http://www.bbi.ca/documents/B2B_23.pdf. Retrieved May 29, 2007.

⁷⁷ <http://www.guysboroughacademy.ednet.ns.ca/achfc/sunnyville.htm>. Accessed May 15, 2007.

⁷⁸ Navigating the Cancer Care System: African Nova Scotians’ Experience May, 2001. <http://www.cancercares.ns.ca/media/documents/AfricanNSExperienceReport.pdf>. Retrieved May 29, 2007.

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