SUPPORTING POPULATION AGING IN QUESNEL, BRITISH COLUMBIA: PUBLIC POLICY CHALLENGES AND OPPORTUNITIES

by

Davi Florencio de Lima

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Abstract

Canada is undergoing a demographic shift characterized by an increasing proportion of older adults, particularly in rural areas. This thesis explores the impact of public policies on supporting the aging population in these communities, with a specific focus on Quesnel, BC. The research aims to identify the effectiveness and limitations of existing policies and to propose improvements that can enhance the well-being and sustainability of small towns facing demographic aging. The study employs a qualitative methodology, including key informant interviews, focus groups, and one-to-one interviews, to learn about the current state of housing, healthcare, and other age-friendly aspects in Quesnel. The findings are analyzed through the lens of the World Health Organization's Age-friendly Cities framework, which outlines essential domains for creating supportive environments for older adults. The research identifies gaps in housing availability and accessibility, highlighting a shortage of suitable housing options for older persons, including low-income and downsizing alternatives. The study also underscores the financial strains faced by older adults due to high housing costs and the need for more subsidized housing options. Additionally, the research points to the challenges of home maintenance and the necessity for support services to help older adults age in place. Healthcare services and supportive housing are also examined, revealing a shortage of facilities and long waiting lists for assisted living and long-term care. The study emphasizes the need for comprehensive support services and community integration to combat isolation among older adults. The research concludes with recommendations to enhance the quality-of-life for older adults in Quesnel, including policy changes, community initiatives, and urban planning strategies. By focusing on increasing the

quantity and accessibility of housing options and ensuring the availability of healthcare and support services, Quesnel can work towards a more inclusive and supportive environment for its aging population.

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Chapter 1 - Introduction

Canada has been experiencing a demographic shift over the past several decades. According to the Parliamentary Information and Research Service of Canada (2012), the demographic pyramid is changing, and the older population (65 years and older) has been increased. Projections indicate that this trend should continue in the coming decades (Government of Canada, 2024). The aging baby boomers are one of the reasons for this aging trajectory (Foot & Stoffman, 1998). As this generation ages, there is a concomitant demand for public policies to support the diverse needs of an older population. These needs include health care, affordable housing, mobility solutions, accessibility improvements, opportunities for leisure and social participation, among others.

Population aging in rural communities presents unique challenges from those encountered in urban areas. These challenges are enhanced by the diversity inherent in rural communities, as well as factors such as remoteness and isolation. Key problems include limited access to essential services, inadequate infrastructure, economic sustainability and policy gaps (Halseth et al., 2019; Glasgow et al., 2013; Joseph & Cloutier-Fisher, 2004). Addressing these challenges requires tailored strategies that consider the specific needs and circumstances of rural populations.

In northern British Columbia (BC), Williston and Keller (1997) argue that the 1950s and 1960s were marked by industrial development in the region, specifically the growth of resource-based industries. This industrial development provided a major attraction for young workers and their families (Hanlon & Halseth, 2005; Halseth, 1999). The economic growth

and attraction of a young population was interrupted in the 1980s with the global economic recession and the restructuring of industrial processes (Halseth, 2017; Hayter, 2007). With this change, many small resource-based communities began experiencing demographic aging. As industries closed down or the labour force shrinks due to industrial modernization, young people are compelled to leave in search of alternate new employment opportunities (Halseth, 2017; Hanlon & Halseth, 2005; Hayter, 2003).

As a result of economic restructuring, communities in northern BC have experienced a phenomenon described as resource frontier aging (Hanlon & Halseth, 2005). This occurs when the local workforce ages, young people migrate out in search of employment, and retirees move into the region. The decline of traditional industries, such as forestry and mining, has accelerated this demographic shift, leaving behind a population that is increasingly older. The changing population structure brings new challenges for government as social and economic supports must be adjusted to meet the needs of an aging population.

Population aging has led to global interest from politicians and organizations. The World Health Organization (WHO) published a 2007 guide to promote 'age-friendly' cities that can enhance the well-being of older persons while maintaining prosperity. The age-friendly cities framework facilitates active aging and provides steps to improve the health, social participation, and security of older adults. The WHO (2007) identifies six determinants of active aging: economic, social, personal behavior, physical environment, health services, and social services. The Canadian government adapted the research model of the Global Age-Friendly Cities Project and created a guidebook for rural communities called the Age-Friendly Rural/Remote Communities Initiative (AFRRCI) (Canada, 2007).

The AFRRCI initiative aimed to identify needs and support the ability of older adults to remain active, healthy, and productive within their communities (Canada, 2007). Small resource-based communities face unique challenges related to population aging, including the triple jeopardy identified by Skinner and Hanlon (2016); that is, a rapid increase in the age of the population, the closure or decline of major industries, and the lack of suitable housing for older adults.

Working in public policies for more than a decade in a Brazilian government agency, I realize the pivotal role that programs and services play in developing and maintaining small rural towns for the older populations. However, I have also noticed that some policies do not fulfill their goals or do not reach their intended audience. Although studies have analyzed the effects of aging trends on public administration, including increased pension costs, rising medical service expenditures, and a reduced labour market workforce (Ferede & Dahlby, 2023; Jackson et al., 2017; Holzmann, 2013; King & Jackson, 2000), it is crucial to adjust the lens for analyzing public policies addressed to population aging.

This research, using the age-friendly city framework, seeks to identify the housing and health programs and services that support older residents (65 years of age and over) in Quesnel, BC, as well as to identify potential limitations and opportunities in the application of these programs and services. Thus, I aim to investigate how public policies support the aging population and promote development and sustainability in this small resource-based community in northern BC. My research question is:

How, and to what extent, do public policies support an aging population in a small resource-based community in northern British Columbia?

1.1. Thesis Outline

To answer my research question, this thesis is organized into seven chapters. The first chapter introduces the research topic and outlines the study's objective. The second chapter presents a literature review, providing an overview of global and Canadian population aging trends, the unique challenges of rural aging, the economic development of northern BC, and the age-friendly cities framework, focusing on housing and health policies for older adults. The third chapter details the research design, data collection methods, and analysis techniques, while also considering ethical issues. The fourth chapter provides a socio-demographic profile of Quesnel, BC, presenting insights into the community's population characteristics and social dynamics for the case study. Chapter five presents the research findings, while chapter six synthesizes and discusses these findings using the age-friendly city framework. The thesis concludes with a discussion and suggestions for enhancing policies that support older adults.

Chapter 2 - Literature Review

This chapter reviews existing research on population aging, rural aging, and the age-friendly cities framework. It delves into the global and Canadian contexts of population aging, highlighting its implications and challenges. The chapter then focuses on the specific challenges of rural aging, including limited access to services, social isolation, transportation barriers, and economic vulnerabilities. It also discusses the development of Northern BC, emphasizing its dependence on resource-based industries and the resulting demographic shifts. Finally, the chapter introduces the Age-Friendly Cities framework, outlining its principles, domains, and emphasizing its relevance to the research.

2.1. Population Aging

Population aging is considered a major social issue and has been occurring on a global scale. Since the second half of the twentieth century, the world population has been experiencing a significant demographic shift, characterized by a rapid increase in population aging (United Nations, 2023; Harper & Hamblin, 2014). In line with advances in technology and economic development, as well as in health, mortality and fertility rates have been declining while life expectancy has been increasing. In this section, I provide a review of key concepts and frameworks related to the research. Firstly, data on the aging of global and Canadian populations will be presented, including projections for this trend. Then, I explore the diverse and complex nature of rural aging, highlighting the lack of a uniform pattern across all locations. Next, to gain insight into the specificities of local communities, the development of northern BC will be examined. Lastly, the emergence of the age-friendly cities framework

and the policies involved in promoting active, autonomous, and independent aging will be addressed.

The United Nations (2007) states that population aging refers to the process of increasing the proportion of older individuals in a population, typically measured by the rise in the median age and a decline in the proportion of younger age groups. According to the United Nations, global life expectancy reached 72.8 in 2019 and is projected to reach 77.2 by 2050 (UN, 2022). According to the report's data, the aged population is increasing numerically and in percentages. The WHO predicts that the number of people aged 65 and over will more than double by 2050 (WHO, 2015). Among this demographic, the segment aged 85 and above is experiencing the fastest growth rate, emerging as a particularly significant cohort in numerous countries (National Institute on Aging, 2007). Bloom and Luca (2016) argued that for the year 2020 the expectation was 1 billion seniors, while in the year 2050 this number should reach 2 billion seniors. Although levels and patterns vary by country and region, the world is generally moving towards longer lifespans (WHO, 2023). As Uhlenberg (2013) stated, there is no viable demographic way to avoid population aging across the world.

These demographic changes highlight significant social progress and represent one of society's greatest achievements (UN, 2022). However, this demographic transition presents both opportunities and challenges for societies. Improved healthcare, advancements in medical technology, and increased awareness of healthy lifestyles have contributed to longer life expectancies. Nevertheless, the growing proportion of older adults necessitates a re-evaluation of social, economic, and healthcare policies to ensure the well-being and active participation of this demographic group.

2.1.1. Aging in Canada

The pattern of population aging in Canada aligns with global trends and has been evident for a considerable period. Foot (1989) noted that the median age of the Canadian population has been increasing since the first provincial census in 1851. According to Statistics Canada, since the early 1900s, Canada has shown a trend towards population aging, and projections indicate that this trend should continue in the coming decades. The share of the population over 65 is expected to increase from 18.5% in 2021 to somewhere between 21.6% and 29.8% by 2068 (Statistics Canada, 2022a). Considering both slow and rapid aging scenarios, the percentage of older people is expected to grow more intensely in the next decades due to the aging of the baby boomers, coupled with increased life expectancy and declining fertility rates (Foot & Stoffman, 1998).

According to Statistics Canada projections (Statistics Canada, 2022c), Canada's aging population is expected to increase both in absolute numbers and as a percentage of the total population. By 2073, considering a medium growth scenario, the population aged 0 to 14 is expected to grow by 32.3%, and the 15 to 64 age group is expected to grow by 43.2%. However, the most significant increase is forecast for the population aged 65 and over, which is expected to grow by 123.3%. This increase is even more pronounced in the older age groups. For example, the population aged 85 to 89 is expected to increase by 278.2%, while the population aged 90 to 94 is expected to increase by 345.6%, and the population aged 95 to 99 is expected to increase by 475.2%. These forecasts highlight the substantial demographic shift towards an older population, requiring comprehensive planning and policy adjustments to meet their needs and challenges.

The implications of an aging population in Canada are profound and multifaceted, especially since the country has the highest proportion of baby boomers in the world (Hartt & Biglieri, 2021). While it is clear that Canada's population is aging, this change is occurring gradually rather than suddenly. This trend has been anticipated for many years, and with innovative policies, its effects can be effectively managed (Foot and Venne, 2011). Population aging requires the government to adopt policies to ensure that the needs of these people are fulfilled. Access to health, housing, accessibility, and leisure are some of the social demands that must be addressed to provide dignified aging.

2.1.2. Rural Aging

Although the population aging trend is observed worldwide, this phenomenon does not occur in a standardized manner in all localities. Rural areas present a complex landscape for aging populations, characterized by diverse experiences, unique challenges, and evolving social structures. As noted by Skinner et al. (2021; 2018) and Keating (2011; 2008) rural environments are more diverse and dynamic than stereotypes suggest. The experience of rural aging is shaped by complex interactions among various factors, including social, economic, and cultural change. Consequently, defining 'rural' is a complex task due to the dynamic nature of these areas (Woods, 2010). Glasgow et al. (2013) state that rural areas vary considerably in terms of population size and density, services, economic activity, and other characteristics. This heterogeneity is echoed in Skinner et al. (2021) who state that each rural area develops its own unique characteristics based on local conditions and factors.

One of the most significant challenges facing rural areas is limited access to health and social care services. Hanlon and Poulin (2021) state that the twenty-first century has seen a surge in focus on rural older adult health, care, and well-being, driven by a trend of disproportionate aging and migration to rural areas. This demographic shift, coupled with the recognition of health vulnerabilities and underserviced rural settings, has pushed the issue to the forefront of research, policy, and practice. This challenge is compounded by the decline of services and infrastructure in rural areas, as noted by Halseth et al. (2019; 2006) and Koff (1992), which can lead to a decrease in the quality-of-life for older residents.

Social isolation and loneliness are also significant concerns in rural areas. According Helley and Woods (2021), and Hennesy and Innes (2021), while social isolation and loneliness can affect older adults in general, they pose a particularly significant challenge for specific groups, such as those with dementia. These issues are often exacerbated in remote and rural areas, where geographical factors can compound the difficulties of maintaining social connections and accessing support. This aligns with the challenges identified by Hartt and Biglieri (2021) and Ryser and Halseth (2012), who highlight social isolation as a key issue in rural aging.

Rural communities also face transportation challenges that become increasingly problematic as residents age. The lack of public transportation options, combined with the difficulties some older persons experience in driving, often leads to reduced mobility and independence (Keating, 2008; Joseph & Fuller, 1991). This limited access to transportation can aggravate social isolation and difficulties in reaching healthcare services, social activities, and essential amenities (Hansen et al., 2021; Hartt & Biglieri, 2021; Halseth & Rosenberg, 1995;

Koff, 1992). The distances between residences and services in rural areas further compound these issues, making transportation an important factor in the quality-of-life for older adults. As noted by Joseph and Fuller (1991) and Keating (2008), transportation is important to ensure that rural aging populations can maintain their independence, access necessary services, and remain engaged in their community.

The demographic shift in rural areas has led to a significant increase in the senior population, with non-metropolitan areas typically having a substantially higher proportion of older residents (Pendall et al., 2016). This trend has brought the housing challenge to the forefront as a major concern for older residents. Research by Halseth (2019; 2017; 2002; 1999) highlights that several small towns were originally built and designed for a population of young workers, with housing not equipped to meet the needs of an aging population. This historical context aligns with more recent observations by Whalen (2021), who notes the lack of suitable housing options for older adults to maintain their independence. Consequently, the current housing stock in rural areas may be inadequately prepared to address the unique requirements of an aging demographic, emphasizing the need for adaptive housing solutions.

Economic challenges are prevalent in rural areas, particularly due to the decline of traditional industries. Many rural communities are heavily dependent on single-resource industries, making them more vulnerable to economic downturns and transitions (M. Skinner et al., 2021) . This is also true for resource-dependent regions. As noted by Halseth and Ryser (2018), the lack of economic diversification in these regions often leads to job losses and labour restructuring due to technological advances. Consequently, these economic transformations disrupt the social fabric, contributing to social changes in small communities.

Despite these challenges, rural settings often develop strong informal support networks, and older adults tend toward greater social participation (Hartt & Biglieri, 2021; Hanlon et al., 2014; Skinner et al., 2014; Skinner & Hanlon, 2016). This high sense of community and mutual assistance aligns with the emphasis in Skinner et al. (2021) on the importance of socio-cultural relations in rural places.

In conclusion, rural areas present a complex landscape for aging, characterized by diverse experiences, unique challenges in healthcare access and social connection, and evolving economic and social structures. As Skinner et al. (2018) note, rural aging involves more than shifts in population and their consequences; it is crucial for comprehending the dynamics, results, and perceptions of aging. Therefore, it is necessary to understand rural communities and consider the special attention they require, their challenges, and their daily activities (Sullivan et al., 2014). Space and place are essential components of rural aging because they shape the meanings that people attach to the experience of aging (Skinner et al., 2021). As Hodge (1993; 2014) demonstrates, the needs and challenges of rural aging require specific policies and services due to local characteristics. To promote and take advantage of opportunities, local governments must work together with community stakeholders to develop effective programs and policies that improve the quality-of-life for older adults in these rural communities. The challenges encountered can limit or even prevent older residents from fully experiencing this stage of life (Skinner et al., 2021; Hodge, 2014; Keating et al., 2011; Hanlon et al., 2007). Understanding these nuances is crucial for developing effective policies and practices in rural area, and as Bryant and Joseph (2001) and Hash et al. (2015) argue, a 'one

size fits all' approach is not adequate for addressing the diverse needs of rural aging populations.

2.1.3. Northern BC Development

Northern BC has some demographic characteristics that can be explained as a result of its economic development over time. Economically, the region is characterized by high dependence on the resource sector, such as forestry, mining, and oil and gas (Markey et al., 2012). Since the region's economy and development are tied to the external markets, prices, and demands (Bowles & Wilson, 2015), the region's growth and decline have been determined mainly by external factors. As a result of this economic dependence, the region has experienced boom-and-bust cycles that contribute to employment instability, social challenges, and demographic change.

The post-war period in northern BC played a significant role in shaping the region's economic development. Following the guidelines of the Post-War Rehabilitation Council, W.A.C. Bennett, the Premier of British Columbia at the time, implemented a series of policies and investments in the region to develop the local economy, leveraging the region's rich natural resources within the emerging global industrial complex (Bowles & Wilson, 2015; Markey et al., 2012; 2008). During the 1950s and 1960s, the development of resource industries, such as forestry and mining, transformed the region. This transformation was facilitated by the construction of new roads and rail lines, which attracted young workers and led to the creation of new towns (Hanlon & Halseth, 2005; Hayter, 2003; Williston & Keller, 1997).

However, these new towns were heavily reliant on natural resources and dependent on global market demand and prices. This economic dependence on resource-based industries, coupled with the global market, led to economic fluctuations (Bowles & Wilson, 2015; Markey et al., 2012). When global demand and prices for resources increased, investments in the industry grew, leading to job creation and economy expansion. Conversely, when demand and prices fell, the economy contracted, resulting in job losses, social impacts, and economic instability (Foot & Stoffman, 1998). A practical example of this phenomenon can be seen in Tumbler Ridge, BC. In the late 1970s and early 1980s, the community underwent significant development, including improvements to facilitate transportation. However, the falling price of coal and subsequent lack of interest from the outside market resulted in the closure of the mines (Halseth, 2005; Sullivan, 2003).

At the beginning of the 1980s, changes in the province's approach to rural development, coupled with government withdrawal and inconsistent policies, contributed to the decline of rural areas. (Markey et al., 2008). Economic restructuring driven by globalization and the automation of processes caused industrial closures or a reduction of labour in the region (Markey et al., 2008). Faced with this economic restructuring scenario, northern BC began to experience an out-migration of the youth labour force seeking employment elsewhere (Ryser & Halseth, 2013; Hayter, 2003). As the younger population left and older residents remained, the baby boomer generation has been aging in place, in some cases, attracting other retirees to these resource towns. This demographic shift and population aging has been classified as 'resource frontier aging' (Skinner & Hanlon, 2016; Hanlon & Halseth, 2005).

Given its demographic characteristics and economic development, northern BC provides an excellent research opportunity to investigate policies supporting older adults. The region's aging population demands policies and measures that address this demographic shift while promoting local sustainability. It is crucial to examine the presence and effectiveness of such policies in the region. For instance, the challenges posed by housing that does not adequately meet the needs of older residents (Hanlon & Halseth, 2005) exemplify one aspect requiring attention. Additionally, there is a growing demand for healthcare services and home care provisions, transportation and other services for the aging population (National Seniors Council, 2024; Office of the Seniors Advocate British Columbia, 2024a; 2024b; 2023; Hansen et al., 2021; Joseph & Cloutier-Fisher, 2004).

2.2. Age-Friendly Cities Framework

The Age-Friendly City (AFC) framework was launched by the WHO in 2007 as part of the Global Age-Friendly Cities project aimed at addressing the challenges of an aging global population. This framework seeks to foster healthy and active aging and to ensure that cities and communities are inclusive and accessible for people of all ages. According to WHO, active aging is "the process of optimizing opportunities for health, participation, and security in order to enhance quality-of-life as people age" (World Health Organization, 2002, p.12). The WHO identifies several key determinants that influence active aging: economic factors, social conditions, the physical environment, personal attributes, behaviors, and the availability of health and social services (Figure 2.1). These interconnected factors play a crucial role in determining how well individuals age (World Health Organization, 2002).

Figure 2.1: Determinants of Active Ageing
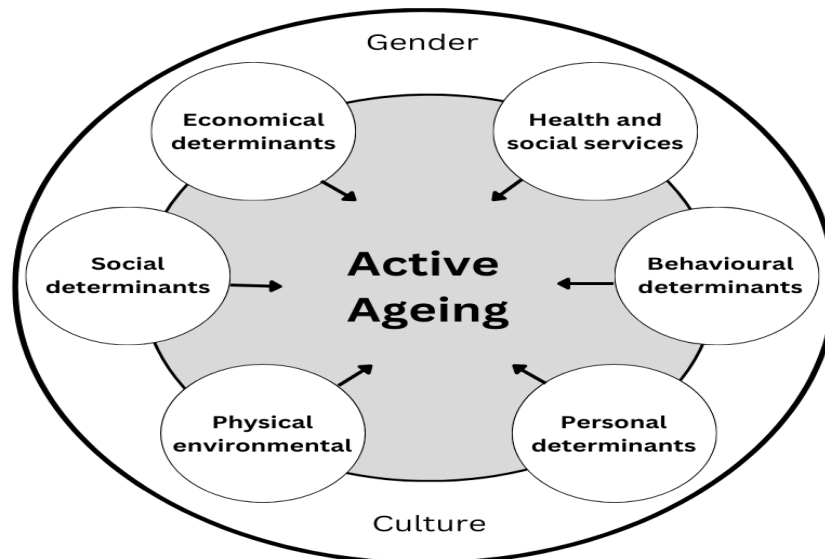
Source: Adapted from World Health Organization, 2002

The WHO framework recognized that older adults often face barriers to social, economic, and political participation, including access to health services, transportation, social and cultural activities, and safe and affordable housing. Age-friendly initiatives are essential in creating a more inclusive society that values and respects all ages, especially older people. According to WHO, an age-friendly city or community is characterized by the presence of specific characteristics (Figure 2.1) to support the well-being and active participation of older individuals. These elements collectively contribute to the development of an age-friendly environment that enhances the well-being and quality-of-life of all individuals.

Table 2.1: Characteristic Elements of an Age-Friendly City

- ✓ **Safe and accessible outdoor spaces:** Provision of spaces that are designed to be safe, easily accessible, and accommodating for older individuals.

- ✓ **Reliable and accessible transportation systems**: Availability of transportation options that are affordable, reliable, and easily accessible for older adults, enabling them to travel independently and comfortably.

- ✓ **Affordable and suitable housing options:** Presence of housing options that are affordable, suitable, and adapted to the needs of older individuals, allowing them to age in place and maintain their independence.

- ✓ **Social engagement and community activities:** Promotion of social engagement and opportunities for older individuals to participate in community activities, fostering social connections and reducing isolation.

- ✓ **Culture of respect and inclusion:** Establishment of a culture that respects and includes older adults, ensuring that they are valued members of the community and have equal access to resources and opportunities.

- ✓ **Employment, volunteering, and civic participation:** Creation of opportunities for older adults to engage in employment, volunteering, and active participation in civic life, recognizing their skills, knowledge, and contributions.

- ✓ **Clear and accessible communication channels:** Availability of communication channels that are clear, easily understandable, and tailored to the needs of older residents, ensuring they can access relevant information and services.

- ✓ **Adequate healthcare services and social support:** Provision of healthcare services and social support systems that are adequate, accessible, and address the physical, emotional, and social needs of older individuals.

Source: World Health Organization, 2007.

Age-friendly cities and communities (AFCC) are designed to address the needs of the wide diversity of older individuals, supporting and enhancing their well-being, independence, and active involvement across all aspects of community life. Recognizing that the environment in which people live plays a crucial role in shaping healthy aging, either through barriers or

incentives, the WHO has identified eight topics/domains through which cities and communities can contribute to healthy active aging (Figure 2.2). These domains encompass the characteristics of structures, environments, services, and policies that reflect the determinants of active aging (World Health Organization, 2023a).

Figure 2.2: Eight Domains of an Age-Friendly City/Community

✓ **Housing**

✓ **Transport and mobility**

✓ **Outdoor spaces and buildings**

✓ **Social participation**

✓ **Respect and social inclusion**

✓ **Civic participation and employment**

✓ **Communication and information**

✓ **Community support and health services**

Source: World Health Organization, 2007.

Inspired by the WHO´s age-friendly cities guide, the government of Canada created an adapted guide for remote rural communities with the aim of enhancing understanding of the needs of older individuals to promote active aging within their communities. This initiative also seeks to foster dialogue and implement actions that support local development. The Age-Friendly Rural and Remote Communities (AFRRC) guide has likewise embraced the eight domains utilized by the WHO as a framework for addressing the diverse aspects that contribute

to age-friendly environments. However, the deployment of an age-friendly framework in rural areas faces several challenges. Russell et al. (2021a; 2021b) argue that inadequate funding, sparse populations, and limited community involvement hinder the development of age-friendly rural or small-town communities. In this way, Joy (2020), Thibauld and Garon (2016), and Menec et. al., (2011) also identified challenges and made recommendations about the implementation and sustainability of age-friendly policies in rural environments. To ensure the sustainability and effectiveness of age-friendly communities, it is crucial to pay attention to the unique needs and characteristics of rural communities and involve stakeholders in program implementation (Russell et al., 2021b; Colibaba et al., 2020). By doing so, age-friendly communities can be tailored to the specific needs of rural areas, enabling them to effectively promote healthy aging and social, economic, and political participation for older adults.

This research employs the age-friendly city framework to evaluate the extent to which policies and programs supporting population aging align with the domains that govern an age-friendly city (Figure 2.2). I explore the provision of these policies and examine whether they genuinely reflect the voices and priorities of the senior population. Although the eight domains that characterize an AFC (Figure 2.3) are related and interconnected, this study will focus primarily on the domains of housing and health care, even though the other domains appear in a related way. Additionally, this study aims to explore the impact of these policies on the daily lives of older residents, gathering information that gauges the level of support they provide in promoting well-being and enhancing overall quality-of-life.

2.3. Housing and Health Policies for Older Adults: An Integrative Approach

The demographic shift towards an aging population requires targeted public policies to ensure the well-being and active aging of older adults. This is particularly important in rural and resource-based communities, where socio-economic and cultural factors present specific challenges to aging. As Skinner et al. (2008) pointed out, the difficulty of providing services to a rural aging population is compounded by the government's failure to recognize the unique challenges associated with rural and small towns communities.

There are substantial bodies of literature on population aging and its associated challenges and opportunities, as well as on the implementation of public policies intended to support this demographic shift (Skinner & Hanlon, 2016; Hash et al., 2015; Keating et al., 2011; Estes, 2001). However, further research is warranted to fully understand the efficacy and impact of these policies in small resource-based towns, particularly from the perspective of older adults themselves. While the existing literature provides valuable insights, it is essential to incorporate the lived experiences and perspectives of older individuals to ensure that the policies truly meet their evolving needs and aspirations.

Lasswell et all. (2017) define 'policy' as encompassing a comprehensive framework consisting of goals, values, and practices. Essentially, it represents a projected program that outlines desired outcomes, core principles, and the actions required to achieve them. This research does not aim to comprehensively cover the various existing policies that support population aging in northern BC. Instead, it focuses on selected policies that promote housing and health services for older adults from an AFC perspective. This approach acknowledges the

interrelated nature of the eight domains that characterize an AFC and the interconnectedness of policies designed to support the aging population (Menec et al., 2011; Keating, 2008).

Following the AFC characteristics outlined by the WHO and customized for remote rural communities in Canada, it is essential to develop policies and programs in an integrative structure. This integration resonates with the concepts of an AFCC, as well as with the theory of human ecology (Menec et al., 2011; Keating, 2008). In this way, the studies of Davenport et al., (2005); Rosenberg and Everitt (2001); and Joseph and Fuller (1991) highlight the need for a integrative structure that combine housing, health care, and social services, as housing cannot be separated from health status.

Housing is a fundamental domain in the AFC framework, as it directly impacts the ability of older adults to age in place and maintain their independence. Appropriate housing can enhance the quality-of-life for older persons by providing a stable, secure, and accessible environment (World Health Organization, 2023a; 2007; Menec et al., 2011;). Housing also establishes a solid and significant connection with a place and its community, fostering a sense of belonging and connection to the area (Morris & Halseth, 2019), it is integral to social integration and quality-of-life (Rosenberg & Everitt, 2001)

Housing policies for older adults are crucial to ensure their well-being, independence and quality-of-life. These policies should address various aspects of housing to accommodate the diverse needs of the aging population. Health policies, implemented through programs and services, are of particular importance for older adults, and should consider a holistic view that reflects the WHO's (2002) definition of health: being more than just physical wellness, it also

includes mental and social well-being. According to research that proposes integrative structure (Biglieri & Hartt, 2024; Gibson et al., 2022; Frochen & Pynoos, 2017) the Table 2.2 provides the main areas of focus.

Table 2.2: Housing and Health Policies

Affordable Housing Options	Develop and maintain a range of affordable housing options for older adults with different income levels. Encourage the construction of age-friendly, affordable housing units.
Assisted Living Facilities	Ensure the availability and accessibility of high-quality assisted living facilities. Provide financial assistance programs for older adults who require assisted living but cannot afford it.
Home Modification Support	Enhance programs that offer financial assistance for home modifications. Encourage universal design principles in new construction to accommodate aging in place.
Diverse Housing Strategies	Promote a variety of housing options to cater to different preferences and needs. Encourage and support housing projects and co-housing communities.
Health and Socio-Economic Considerations	Tailor housing policies to address the varying health needs of older adults. Consider socio-economic factors when developing housing strategies. Integrate housing policies with healthcare and social services.
Primary and Specialized Care	Improve recruitment and retention of family physicians and specialists in rural areas. Establish mobile clinics for remote areas. Expand telehealth services. Integrate mental health services.

Home Care	Increase funding for home care services.
	Improve working conditions and wages for workers.
Long -Term Care	Build new and modernize existing facilities.
	Review and reform funding mechanisms.
Palliative Care	Develop community-based palliative programs.
	Support families providing end of life care at home.
Pharmacy Services	Ensure access and provide home delivery services.

Source: Author

Table 2.2 outlines key housing and health services that should be addressed to improve these services for older persons in small-town Canada. Given the unique socio-economic and geographical characteristics of these regions, it is crucial to conduct research specifically targeting these contexts to develop tailored policies that address the distinct challenges faced by older adults in these communities (Hansen et al., 2021; Russell et al., 2021a; Colibaba et al., 2020). Therefore, this thesis investigates the effectiveness and impact of policies from the perspective of older adults and covers the geographic context of this resource-based community, to fill knowledge gaps and provide evidence-based recommendations for policy debate, formulation, and implementation.

Chapter 3 - Methodology

Chapter 3 outlines the qualitative research methodology used to explore how public policies and programs support population aging in Quesnel, BC. The chapter details the rationale for choosing a qualitative approach, emphasizing its suitability for understanding complex social phenomena. A case study methodology is employed, focusing on Quesnel due to its characteristics as a small, resource-based community with a growing aging population. Data collection methods include semi-structured interviews, focus groups, participant observation, and document analysis. Ethical considerations are rigorously followed to protect participants' rights and dignity. The chapter concludes with a description of the analysis process used to identify themes and patterns from the collected data.

3.1. Qualitative Research

This study employs a qualitative research methodology. Qualitative research is particularly useful for understanding complex social and cultural phenomena that are not easily measured quantitatively (Yin & Campbell, 2018). It is designed to uncover the meanings and understandings of people's experiences (Yin, 2012). According to Yin and Campbell (2018), qualitative research is inherently exploratory and inductive, making it well-suited for investigating complex social phenomena where depth of understanding is prioritized over generalizability. In this study, qualitative methods are used to reveal the nuanced experiences, perceptions, and meanings that participants ascribe to their lived realities within Quesnel. This approach aligns with Merriam and Tisdell's (2016) perspective that qualitative research focuses

on studying the phenomenon of interest from the participants' perspective rather than that of the researcher.

3.1.1. Rationale for Qualitative Research

The choice of a qualitative research approach is driven by several considerations that align with the study's objective and research question. First, qualitative research is designed to provide a rich, detailed understanding of human experiences, which is essential for the goals of this study. As noted by Merriam and Tisdell (2016) and Yin (2014), qualitative research seeks to understand the meanings of people's experiences, often exploring the "how" and "why" of human behavior and systems. Unlike quantitative methods, which focus on measuring and analyzing numerical data, qualitative research emphasizes the depth and complexity of social phenomena that cannot be easily quantified (Yin & Campbell, 2018). This research aims to investigate how public policies and programs assist the aging population in Quesnel, BC, necessitating a method that can effectively capture the complexities of their lived experiences.

Qualitative research is grounded in the interpretivist paradigm, which asserts that reality is socially constructed and that understanding it requires appreciating the subjective meanings individuals attach to their experiences (Creswell & Poth, 2018). This paradigm allows for an in-depth exploration of participants' perspectives, shaped by their unique social, cultural, and environmental contexts. As Merriam and Tisdell (2016) emphasize, qualitative researchers focus on how people interpret their experiences, construct their worlds, and the meanings they attribute to these experiences. The study, therefore, aims to understand the phenomenon from the participants' perspective rather than the researcher's. Moreover,

qualitative research offers flexibility, allowing the study design to adapt as new insights emerge.

Creswell and Poth (2018) highlight that as the primary instrument for data collection and analysis, the researcher can be immediately responsive and adaptive, process information in real-time, clarify and summarize material, check with respondents for accuracy of interpretation, and explore unusual or unanticipated responses. It is important to note that while the human instrument has advantages, it also has potential biases, as the researcher's background, experiences, beliefs, and values can shape the way data is collected, interpreted, and presented. These biases should be identified and monitored in relation to the theoretical framework and the researcher's interests through reflexivity and techniques such as triangulation (Merriam & Tisdell, 2016).

My background as a public servant in Brazil, where I worked with older adults, small communities, and the implementation of social benefits, has influenced my understanding of public policy and the role of institutional structures in shaping community well-being. This professional experience provides an important perspective for addressing policy challenges affecting older adults; however, it also brings the risk of focusing on an administrative or institutional lens, rather than on the participants' lived experiences. To minimize this bias, I have employed reflexive practices and used multiple data sources to validate the findings, ensuring that the voices of older adults and their lived experiences drove the analysis rather than my previous professional experience.

3.2. Case Study Methodology

The research design utilizes a case study approach, which is particularly effective for deeply exploring complex social phenomena within their specific contexts. According to Yin (2014; 2012), this method is especially valuable for examining contemporary issues within real-life settings, particularly when the boundaries between the phenomenon and its context are not clearly defined. This is often true for complex social challenges, such as aging in rural communities. As noted by Berg (2009), the exploratory case study approach is ideal for gathering detailed insights about a specific community or group.

The selection of Quesnel, BC as the case study was deliberate and decided given its characteristics. Quesnel is a small, resource-based community in northern BC, characterized by an increased aging population and an economic reliance on natural resources. The geographical location and its characteristics make it an exemplary case for studying the challenges and opportunities associated with aging in these types of communities. The case study approach allows the research to delve into the specificities of this community, exploring how local policies and programs interact to shape the experiences of its aging population.

A single-case study design was chosen to provide an in-depth understanding of the phenomena under investigation. By focusing on a single case, Yin (2014; 2012) argues that the research can explore the nuances and intricacies of the local context. The study seeks to uncover the ways in which Quesnel responds to the needs of its aging population. The examination of Quesnel's challenges and opportunities provides valuable lessons that could inform policy and practice.

The case study approach facilitates a more comprehensive contextual analysis, which is crucial for understanding the complex interplay of factors influencing the aging population in Quesnel. This includes examining the historical, economic, and social contexts that shape the community (Creswell & Poth, 2018; Creswell, 2014). Multiple sources of data were utilized to build a robust understanding of the case. These include semi-structured interviews with key informants, focus group discussions with community members, participant observation of local events and activities, and research on local documents and policies linked to the AFC framework. The use of diverse data sources allows for triangulation, enhancing the validity and reliability of the findings.

While the case study approach offers deep insights into the specific context of Quesnel, it is important to acknowledge its limitations in terms of generalizability. The findings are context-specific and may not be directly applicable to other communities with different characteristics. However, as Yin (2014) notes, single case studies can be used to generalize research theories, which can then be tested through other types of research methods. The findings from this case study are intended to inform not only local stakeholders but also policymakers and practitioners working in similar contexts, contributing to broader discussions on rural sustainability and demographic aging.

3.3. Data Collection Methods

Case study research employs a diverse range of data collection techniques (Berg, 2009; Creswell & Poth, 2018). The data gathering process for this study is structured around two main categories: primary and secondary sources. Primary data was gathered through in-depth,

semi-structured interviews with key informants and facilitated focus group discussions, providing firsthand information and fostering dynamic exchanges of ideas. Secondary data sources, including a literature review and analysis of relevant documents. The integration of these multiple qualitative methods and data sources allowed for data triangulation (Yin, 2014; 2012).

3.3.1. Key Informant Interviews

Semi-structured key informant interviews were a central data collection method in this study, chosen for their ability to elicit in-depth responses while providing the flexibility to explore emerging topics. These interviews are essential for gathering specialized knowledge and insights that are crucial for understanding the policies and community dynamics within the case study (Merriam & Tisdell, 2016). According to Creswell and Poth (2018), semi-structured interviews strike a balance between structured and unstructured questions, allowing the researcher to guide the conversation while remaining open to the participants' unique insights and experiences. The interview questionnaire is found on Appendix B.

Key interview participants were purposefully selected based on their relevance to the research topic. They included community leaders, elected leaders, and housing or care providers. The key informants play an essential role in providing information concerning the policies and community where the research will be conducted, as they have specialized knowledge or expertise (Merriam & Tisdell, 2016). In particular, key informants helped to identify critical policies and local programs for older persons, offering a nuanced perspective on the social structures and organizations involved (Faifua, 2014).

The key informants were selected with the goal of covering a wide range of perspectives and experiences relevant to the research topic (Table 3.1). The selection sought to include representatives from various sectors of the community, including civil society organizations, public institutions, and service providers related to aging. This approach aimed to capture a variety of viewpoints and expertise. After the identification of potential key informants, contact was established using official and publicly available means of communication. This included the use of institutional email addresses and telephone numbers provided on public communication channels of the respective organizations. The final number of key informants in this study was 17 participants, consisting of 14 females and 3 males.

Table 3.1: Key Informants Profile

Segment	Number of participants
Non-profit Society	8
Private Services	1
Politics	4
Public Organization	4

Source: Author

To address my research question, an interview guide was developed featuring open-ended questions aimed at exploring participants' experiences, perceptions, and attitudes regarding policies and programs that support the aging population in Quesnel. Of the 17 interviews conducted, 13 were held online via Zoom, 3 were conducted in person, and 1 key informant chose to respond in writing. These varied formats were selected to offer the most

convenient and accessible environment for participants, considering their schedules and availability. Each interview lasted between 35 minutes and 1.5 hours, depending on the depth of the discussion and participant availability. All interviews were audio-recorded, with the participants' consent, and detailed notes were taken to capture non-verbal cues and contextual information. The only exception to this was the participant who provided written responses. All transcripts were sent to key informants for their comments to ensure accuracy and allow for additional insights before data analysis was conducted.

3.3.2. Focus Groups

Following Creswell's (2014) guidelines on qualitative research methods, focus groups discussions were employed given its ability to generate rich, nuanced data through group interaction, allowing us to explore the complex dynamics of participants' perceptions and experiences. Two focus groups were conducted, with a total of 11 participants who met our inclusion criteria. To participate in the focus group, individuals were required to meet the following criteria: be at least 65 years old, reside in Quesnel, and have utilized at least one housing or health policy or program within the community. This purposeful grouping facilitated focused discussions on specific themes while allowing for diverse perspectives within each group.

The first focus group was with 5 participants, while the second focus group was with 6 participants. This number was sufficient for analysis while remaining manageable (Creswell, 2014). In terms of biological sex distribution, 10 participants were female and only one participant was male (Table 3.2). This suggests that older women may be more inclined to

participate in discussions about aging and community life, while men seem to be less engaged with these topics. A similar pattern was observed during the interviews, where women were significantly more active in community activities and support groups, further highlighting gender disparities in social engagement among older adults.

Participants for the focus groups were selected through purposive sampling, following the criteria established to meet the research objectives. The recruitment process involved two complementary approaches: in-person dissemination through strategically placed informational posters containing details about the research and focus groups, and collaboration with local organizations serving the older population in Quesnel. These entities assisted in distributing the posters among their members and clientele, expanding the reach of the recruitment effort. This recruitment methodology was chosen to ensure a representative sample of the population of interest, meeting predefined inclusion criteria and aiming to maximize the diversity of participants in the focus groups.

Table 3.2: Focus Group Participants

Sex	Quantity
Female	10
Male	1

Source: Author

As the lead facilitator for each focus group session, I guided discussions and ensured productive exchanges among participants. Supporting me was Laura Murphy, an UNBC Research Manager, who played a crucial role in capturing notes and observations throughout

the proceedings. Similar to the interview guide, the focus group guide was developed based on the research objectives and the findings from the key informant interviews. The guide included prompts and questions designed to stimulate discussion around key themes, such as housing, healthcare, and AFC aspects. The focus group guiding questions are found in Appendix C.

To further structure these discussions, I developed a PowerPoint presentation highlighting the key themes and patterns identified during key informants' interviews. These patterns were organized into three research topics: housing, healthcare, and age-friendly aspects. This approach facilitated the exploration of the needs and challenges faced by older adults in Quesnel, allowing to gather valuable insights from the participants. The sessions were conducted at Quesnel and District Seniors' Society (Seniors Centre), a comfortable, neutral setting to promote open dialogue. They were audio-recorded with participants' consent and later transcribed. The recordings and the transcripts were analyzed in conjunction with the field notes to provide a comprehensive understanding of the group discussions.

3.3.3. Participant Observation

Participant observation was a key method of primary data collection used to immerse in the community and gain perspective on the social dynamics and everyday experiences of the study population. As well as being a data collection strategy, this approach allowed me to gain a nuanced understanding of the participants' lived experiences. Over the period of fieldwork research, I visited Quesnel to assume the role of a participant-observer, engaging in the daily activities of the community while systematically observing and recording relevant behaviors,

interactions, and environmental factors. During each of these visits, I spent between 2 and 4 hours observing the community.

Merrian and Tisdel (2016) assert that in the participant observation phase, the researcher took on the role of an active participant in community events and activities, such as attending local council meetings, senior group gatherings, and community festivals. I attended meetings about senior's challenges and observed daily activities in Quesnel. By participating in these events, the researcher be able to build rapport with community members and gain their trust, which is crucial for gathering authentic data (Creswell & Poth, 2018). Field notes were recorded during and after each observation session and provided a valuable contextual backdrop for the interview and focus group data.

3.3.4. Document Analysis

In addition to primary data collection methods, document analysis was employed to complement and triangulate the data gathered from interviews, focus groups, and participant observation. Document analysis involved the systematic review of relevant documents, such as policy reports, community plans, meeting minutes, and local news articles (Creswell & Poth, 2018). To gain a better understanding of the community and the issues involved in the research, I reviewed local and regional reports, newspaper reports, and official documents about Quesnel made available online, like minutes of town hall meetings and assessments.

The analysis of these documents focused on identifying how policies and programs were framed for the aging population and develop more knowledge about the community. The document analysis also supports the triangulation and validation of the data collected from

other methods. Merrian and Tisdel (2016) state that document analysis might also uncover gaps or contradictions between policy intentions and on-the-ground realities as observed during the fieldwork.

3.4. Ethical Considerations

Ethical considerations are of paramount importance in any research involving human participants (Creswell & Poth, 2018; Merriam & Tisdell, 2016), particularly when dealing with vulnerable populations such as older adults. This study adhered to strict ethical guidelines to ensure the protection, dignity, and rights of all participants throughout the research process. The following sub-sections cover the key ethical principles considered and implemented in my research.

3.4.1. Ethical Approval

Prior to the commencement of data collection, the research project underwent a rigorous ethical review. The study was submitted to the Research Ethics Board (REB) of UNBC, which evaluated the ethical aspects of the research. The review assessed the study's potential risks as 'minimal risk' as the research was not viewed as posing significant risk to participants as the questions were not about sensitive or vulnerable topics, but rather to share their opinions and thoughts about policies and programs. To ensure my research adhered to ethical standards, I completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans course (TCPS 2: CORE) (Appendix F).

3.4.2. Informed Consent

Informed consent is a fundamental ethical requirement that ensures participants voluntarily agree to participate in the research with a full understanding of the study's purpose, procedures, risks, and benefits. For this study, participants were provided with an information document detailing the research objectives, methods, potential risks, and expected outcomes. The key elements of informed consent and confidentiality were carefully incorporated into the Information Letter/Consent Form provided to each participant. Details for Key Informants can be found in Appendix E, while information for Focus Group participants is available in Appendix D.

This information was communicated in clear, simple language, appropriate for the participants' level of understanding. Participants were informed that their involvement in the study was entirely voluntary, and they could withdraw at any time without any consequences. This was reiterated at multiple stages of the research process to ensure participants felt no pressure to continue if they chose not to. After ensuring participants fully understood the study, written consent was obtained. Consent forms were stored securely to maintain confidentiality.

The confidentiality and anonymity of participants were maintained throughout the research process, as outlined in the Information Letter/Consent form. Participants were assured that all data collected, including interview transcripts, focus group recordings, and observation notes, would be stored securely in password-protected digital files and locked physical storage where applicable.

The Information Letter/Consent form explained the measures taken to protect participants' identities, including the removal of all identifying information during data transcription. Pseudonyms were assigned in place of real names, and any other identifying details, such as specific job titles or unique roles within the community, were generalized or omitted. Participants were informed that every effort would be made to prevent any inadvertent identification in the reporting of findings.

The Information Letter/Consent form also provided transparency about how the collected data would be used, including potential publication in academic journals or presentations at conferences. Participants were reassured that their anonymity would be maintained in all public outputs. Furthermore, they were given the option to review and approve the use of any direct quotes attributed to them in the research findings, ensuring their comfort with the representation of their views.

3.5. Data Analysis

Following the data collection process, a systematic approach to data analysis was employed to distill the information into meaningful themes and patterns. The primary method used for analyzing the qualitative data was thematic analysis, a widely recognized approach that allows for the identification, analysis, and reporting of themes within the data.

Thematic analysis was chosen as it is particularly well-suited for exploratory research like this, where the goal is to uncover patterns and insights from participants' experiences and perspectives (Merriam & Tisdell, 2016). The analysis involved several key stages:

- **Familiarization with Data:** The initial step involved immersing myself in the data. This began with the transcription of interviews and focus group discussions, followed by a thorough review of the observation notes and documents collected. According to Creswell and Poth (2018), scanning the voluminous data produced by qualitative methods allows researchers to gain a holistic understanding before becoming immersed in the detailed coding process. Then, I repeatedly read the transcripts and notes to become deeply familiar with the content, making initial annotations and noting potential patterns and interesting points.

- **Generating Initial Codes:** After familiarizing myself with the data, I proceeded to the next step: coding. Coding involves systematically identifying and labeling key features of the data that relate to the research questions (Willig & Rogers, 2017). I began by generating initial codes for the three main areas of the research: housing, healthcare, and AFC aspects. As I continued coding, sub-codes emerged within each of these areas reflecting more specific themes and patterns in the data. Each segment of data was assigned a code that encapsulated its core meaning, and these codes were then collated across the entire dataset. This process combined both deductive and inductive approaches, incorporating predetermined codes based on the research questions while also allowing new codes to emerge organically from the data.

- **Searching for Themes:** Once the data was coded, the codes were grouped into potential themes. A theme captures something important about the data in relation to the research questions and represents some level of patterned response or meaning within the data set (Merriam & Tisdell, 2016). This stage involved sifting through the codes and collating them into broader categories that reflected recurring ideas or concepts. Creswell (2014) highlights that these themes represent the key discoveries in qualitative research and are frequently utilized as section headers when presenting research findings.

- **Reviewing Themes:** The identified themes were then reviewed and refined. This involved two levels of review: first, ensuring that the themes accurately reflected the coded data; and second, ensuring that they were coherent in relation to the entire data set (Merriam & Tisdell, 2016). During this process, I reviewed all initial codes seeking to confirm their relevancy for the study. During this process, some themes were merged, refined, or discarded. This step was crucial in ensuring that the themes were both meaningful and comprehensive.

- **Organizing Themes into a Coherent Narrative:** The final step in the thematic analysis was organizing the themes into a coherent and compelling narrative. This involved synthesizing the themes into a structured account that addressed the research questions and provided insightful answers (Creswell & Poth, 2018; Creswell, 2014). Throughout this process, I integrated direct quotes from

participants to illustrate and support each theme, ensuring that the voices of the participants were central to the analysis.

3.6. Conclusion

The qualitative research methodology adopted in this study allowed for an exploration, from a community perspective, of how public programs and policies support population aging in Quesnel, BC. The case study approach was effective in capturing the complexities of this small resource-based community, offering insights into the lived experiences of its older adult residents. By employing a variety of data collection methods - key informant interviews, focus groups, participant observation, and document analysis - the research revealed rich perspectives on housing, health care, and related policies. Ethical considerations were maintained throughout the process, ensuring that the voices of older adults and community stakeholders were accurately and respectfully represented. The thematic analysis, guided by the AFC framework, revealed challenges and opportunities for improving support for Quesnel's older population, setting the stage for subsequent chapters to further explore the findings and implications of this study.

Chapter 4 - Case Study: Quesnel

This chapter presents a profile of Quesnel, my case study, a community located in the central interior of BC. By examining its geographical, historical, and socio-demographic aspects, the chapter aims to provide an understanding of Quesnel's characteristics. It begins with an overview of the city's strategic location and historical roots, highlighting how these factors have shaped its development over time. The chapter then analyzes current socio-demographic data, including population trends, age distribution, household composition, income levels, and employment sectors. This analysis reveals the main patterns and changes within the community, particularly changes in population structure, economic activity, and housing dynamics.

4.1. Quesnel BC

Quesnel is located in the central interior of BC, in the Cariboo Regional District. Strategically positioned at the confluence of the Fraser and Quesnel rivers, the city serves as a vital hub between Prince George to the north and Williams Lake to the south (Figure 4.1). It is situated along Highway 97, BC's main north-south corridor, and is approximately 120 kilometers from Highway 16, which connects the eastern and western regions of the province. This accessible location has historically influenced Quesnel's role as a center of trade, transportation, and resource distribution in the region. The surrounding area is characterized by vast forests, rolling hills, and an abundance of natural resources, which have contributed significantly to Quesnel's development and economic activities (Quesnel, 2016; n.d.).

Figure 4.1: Map of Cariboo Regional District
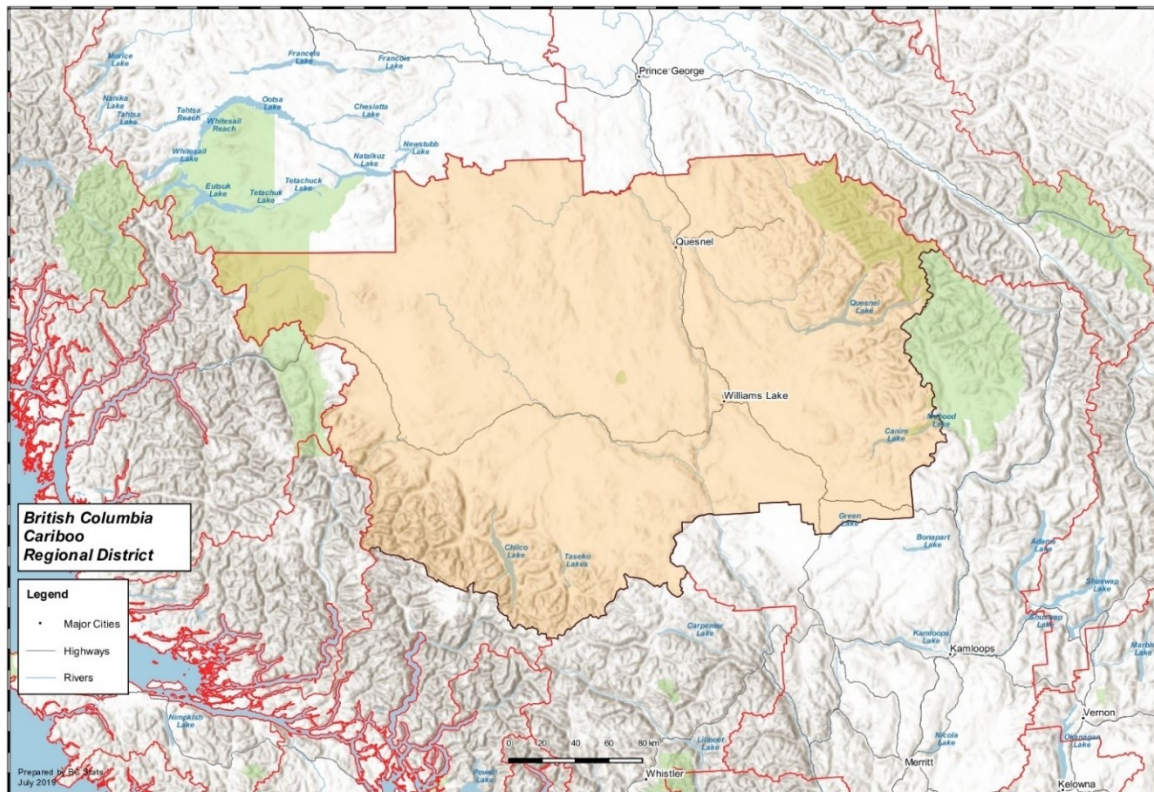
Source: BC Stats, 2023

Quesnel's history is deeply rooted in its strategic location along the rivers. This area is the traditional territory of the Dakelh/Carrier people and includes some First Nations such as Lhtako Dene, Nazko, and Ulkatcho. At the beginning of the 19th century, Quesnel was established as a fur trading post by European settlers and by the 1860s it had become a center of activity during the Cariboo Gold Rush (Quesnel, 2016; n.d.)The town's prominence grew as it served as an important stopover and supply center for miners traveling to the gold fields, with the construction of the Cariboo Wagon Road further solidifying its importance in the region. Serving as a transportation and supply center for miners, the area experienced a population boom during this time. Throughout its history, Quesnel has continued to serve as a vital supply center for exploration, resource extraction, and settlement. The development of the

Pacific Great Eastern Railway and the expansion of the forestry industry after World War II
greatly influenced the region's development (Quesnel, n.d.).

Figure 4.2: Map of Quesnel's Municipal Boundary
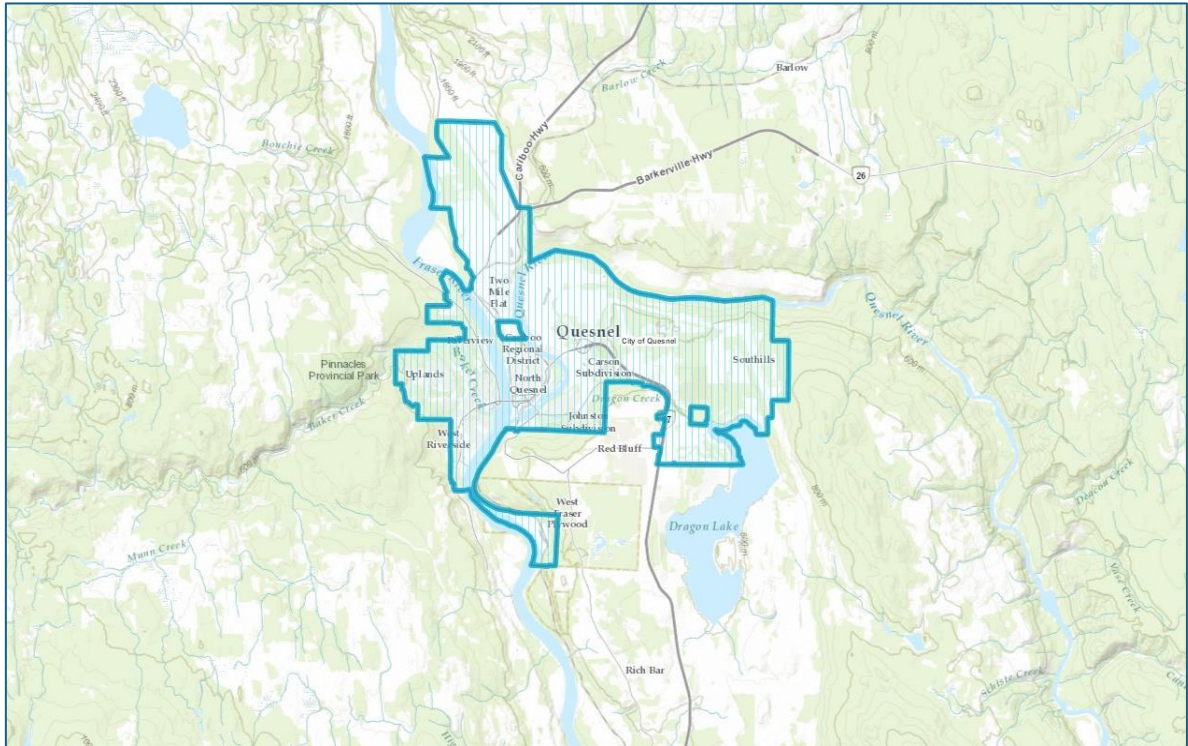
Source: iMap BC, 2023

Nowadays, Quesnel continues to be shaped by its natural environment and historical
roots. The city's municipal boundaries cover an area of 35.38 square kilometers (Figure 4.2),
with its economy still predominantly reliant on the forestry industry, which serves as the
primary sector in the region. However, Quesnel also derives economic benefits from
agriculture, mining, and tourism, all of which make substantial contributions to the local
economy (Quesnel, 2016). According to Quesnel's Official Community Plan (OCP), the
municipality's economic development goals are to attract and retain a diverse and growing
population, diversify the economic base, establish Quesnel as a desirable visitor destination,

embody a brand identity rooted in nature, and strengthen partnerships with First Nations through economic diversification and collaboration on strategic projects (Quesnel, 2019).

As a community dependent on natural resources, Quesnel faces various socio-economic challenges, including market fluctuations, economic downturns, and the need for diversification (Halseth et al., 2019; Halseth, 2017; Markey et al., 2012). These challenges have not only affected employment and economic stability but have also influenced demographic shifts, particularly an increase in the aging population, and limited access to services and infrastructure. According to the municipality, to address these challenges and foster resilience, Quesnel has undertaken initiatives to promote economic diversification, attract new industries, and support small businesses. These efforts aim to enhance the sustainability and prosperity of the community (Quesnel, 2016; 2019).

4.2. Socio Demographic Aspects

Understanding the socio-demographic aspects of Quesnel, BC, is important for capturing the structure and dynamics of the local population, providing a basis for more detailed analysis of the living conditions, needs, and challenges faced by different demographic groups. Through an analysis of population data, including age structure, household composition, income distribution, and migration patterns, we can better understand how these factors shape the community and influence local policies and services.

4.2.1. Population and Age Profile

According to Statistics Canada, Quesnel's population has remained relatively stable since 1981, with the most notable fluctuation occurring between 1996 and 2001(Figure 4.3). However, it is important to note that the population increase in Quesnel during that time was largely a result of the restructuring of municipal boundaries. In 1999, Quesnel initiated a boundary expansion process, which included the annexation of the South Hills area, followed by the Dragon Lake and Red Bluff areas. This reconfiguration of boundaries accounts for the observed "population surge" during that period (Statistics Canada, 2022b; Government of British Columbia, 1999) .

Figure 4.3: Population Quesnel, 1981-2021
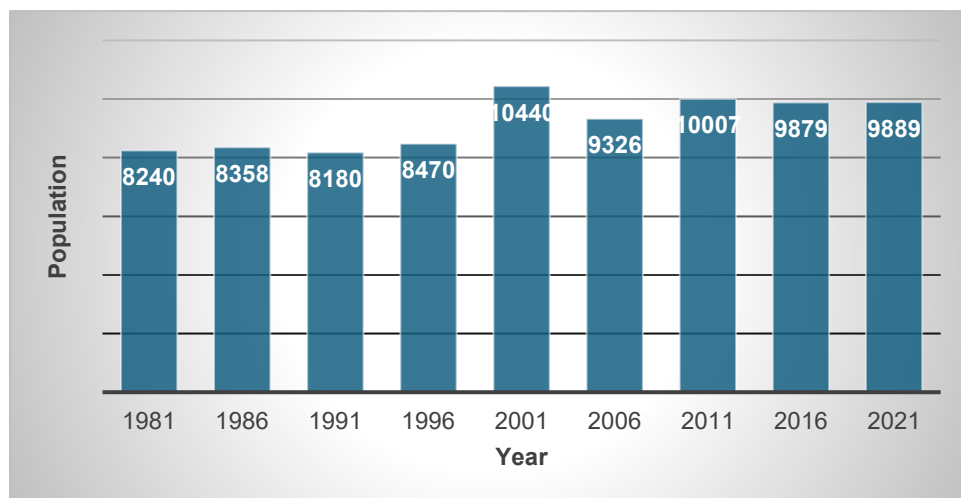
Source: Statistics Canada. 1981-2021. Census Program.

In contrast to the total population figures, the number of individuals aged 65 and above has consistently grown over the years (Figure 4.4). In 1981, this age group accounted for 6% of the total population, whereas based on the 2021 census data, it now represents 23% of the current population.

Figure 4.4: Population Quesnel 65+, 1981-2021
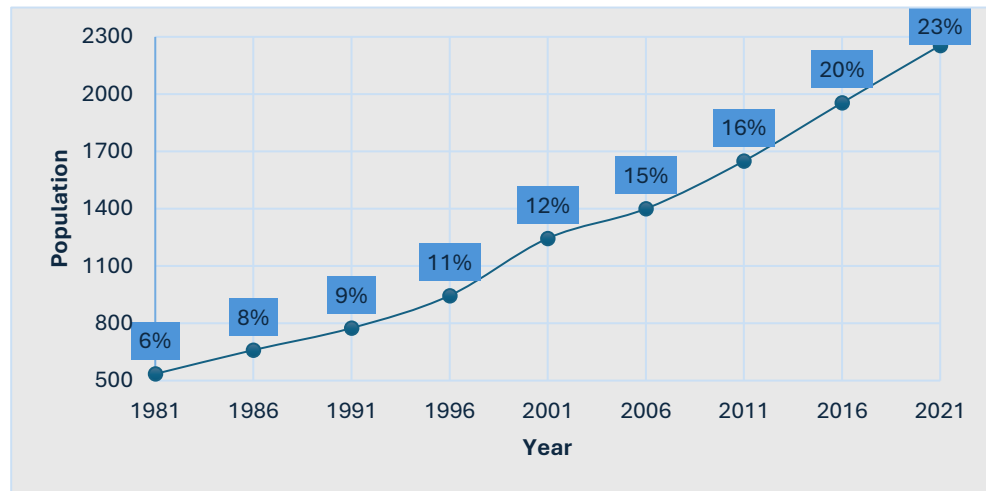
Source: Statistics Canada. 1981-2021. Census Program

The comparison between the general population growth graph (Figure 4.3) and the evolution of the population aged 65 and over (Figure 4.4) demonstrates that the senior population has been growing steadily over the years. This observation reinforces the need for programs and public policies that support active and healthy aging, in line with the principles of an AFC framework as advocated by the WHO.

The increase in the senior population in Quesnel, BC, along with other demographic indicators such as birth rate, mortality rate, and total population, has led to changes in the configuration of the age pyramid. As illustrated in Figure 4.5, the largest population segments in the year 1981 are encompassed up to the 25-34 age group, whereas in Figure 4.6, the largest population segments in the year 2021 are the 60-64 and 55-59 age groups.

Figure 4.5: Population Pyramid Quesnel - 1981

Age	Population
70 +	330
65 - 69	205
55 - 64	555
45 - 54	765
35 - 44	890
25 - 34	1515
20 - 24	995
15 - 19	840
10 - 14	190
5 - 9	650
0 - 4	265
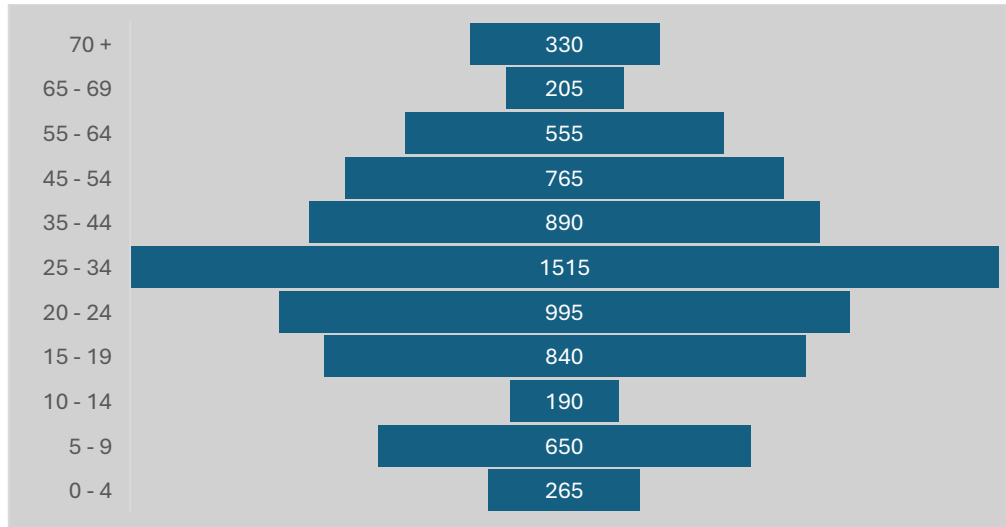
Source: Statistics Canada. 1981. Census Program.

Figure 4.6: Population Pyramid Quesnel – 2021

Age	Population
70 +	1565
65 to 69	685
55 to 64	1520
45 to 54	1225
35 to 44	1070
25 to 34	1175
20 to 24	550
15 to 19	570
10 to 14	595
5 to 9	495
0 to 4	435
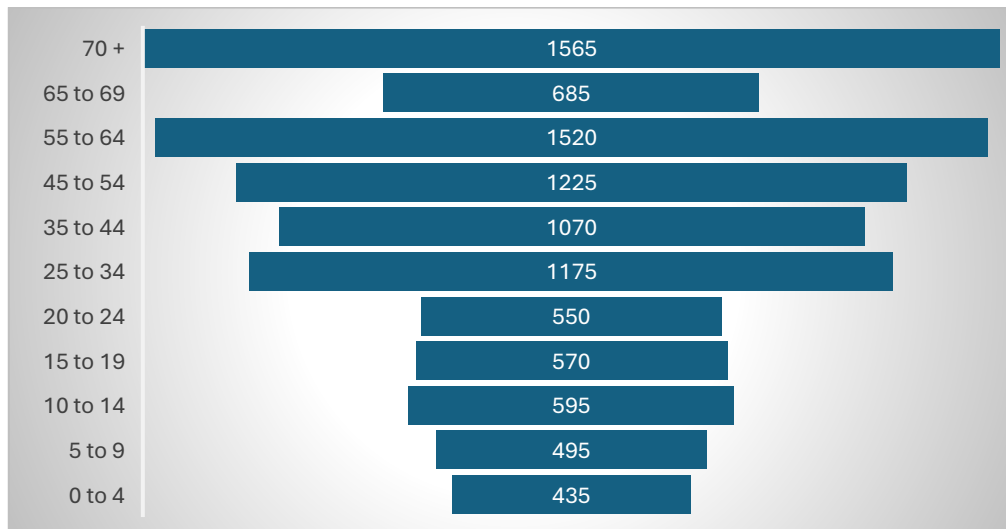
Source: Statistics Canada. 2021. Census Program.

4.2.2. Income

In 2020, the average total income for private households in Quesnel was $67,000, with the average after-tax income at $61,600 (Figure 4.7). However, when examining the different

types of households, varying levels of economic security become apparent, especially between single-person households and those with multiple occupants.

Single-person households had a significantly lower average total income of just $35,600 ($33,600 after tax). This contrasts with households made up of two or more people, which had an average total income of $94,000 ($84,000 after tax). This difference highlights the economic challenges that single-person households face, suggesting they are more vulnerable to financial hardship due to their limited pool of income. For these households, basic living costs—such as housing, utilities, and transportation—can consume a larger share of their income. This situation is particularly challenging for older adults living alone, who often rely on fixed incomes and may face additional health-related expenses. This highlights the importance of targeted support programs to enhance their financial security.

Figure 4.7: Household Income 2021
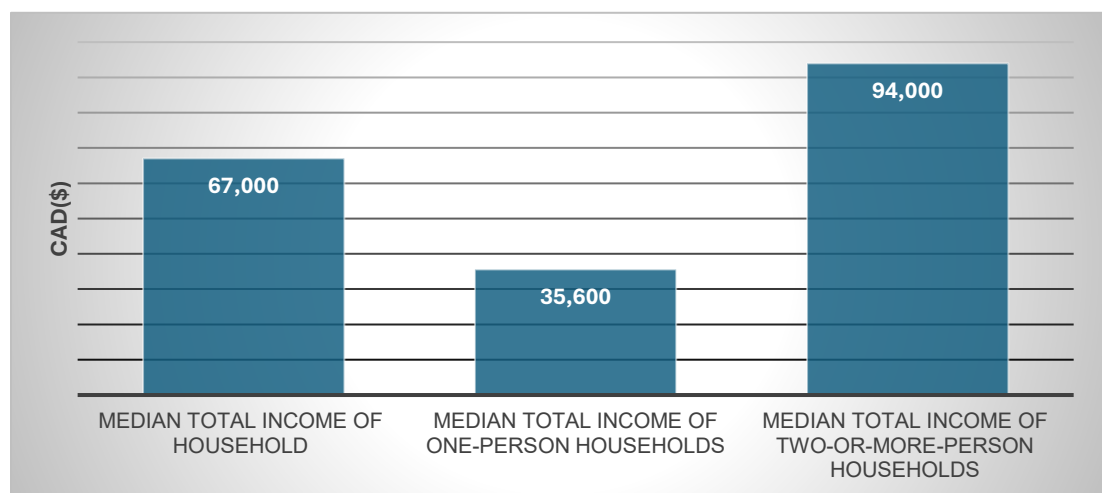
Source: Statistics Canada. 2021. Census Program

4.2.3. Household and Dwellings

The characteristics of the households and dwellings in Quesnel provide valuable information about the community's living arrangements and housing options. In 2020, there were 4,510 occupied private dwellings. Single detached houses are the most common type of dwelling in Quesnel, accounting for approximately 60% of all occupied private dwellings - 2,690 units (Figure 4.8). The second largest category is apartments in buildings with fewer than five floors, accounting for 23% of homes (1,035 units). Of these households, most residents own their homes, as shown in Figure 4.9. The percentage of homeowners is 62%, while 32% are renters.

Figure 4.8: Dwellings by Structural Type
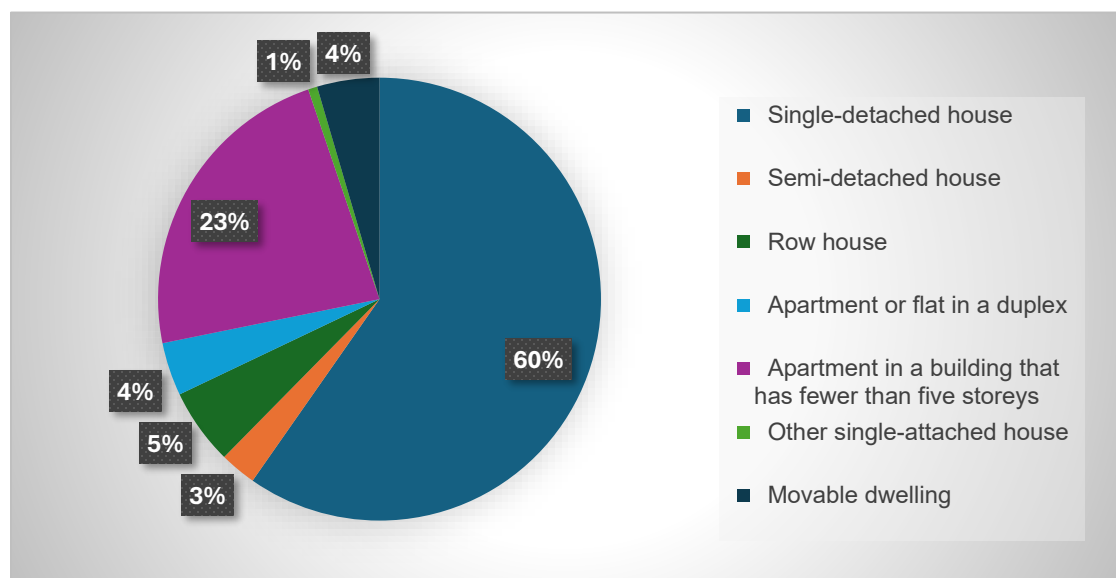
Source: Statistics Canada. 2021. Census Program

Figure 4.9: Private Household by Tenure
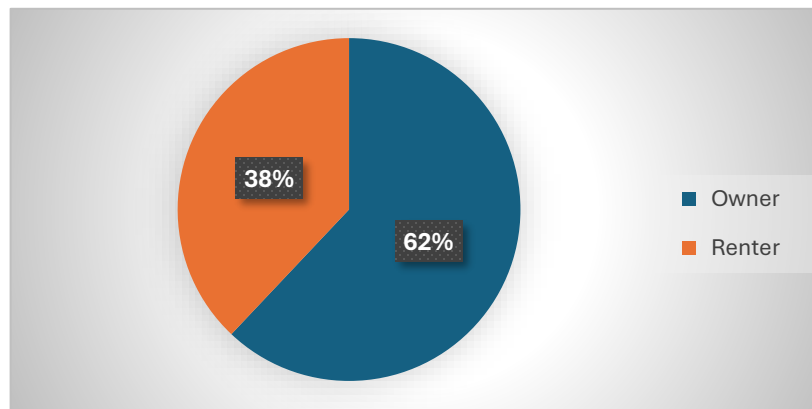
Source: Statistics Canada. 2021. Census Program

Another significant feature of Quesnel's housing is the period during which most dwellings were constructed. A significant portion of the housing stock was built before 1980, with the 1960s and 1980s being particularly prominent (Figure 4.10). In fact, 46.4% of the total housing stock dates to this era, while only 4.2% was constructed more recently, between 2011 and 2021. This distribution indicates that the majority of homes in Quesnel are over 40 years old, leading to various implications. Older homes often require more maintenance and renovation, and their designs may lack accessibility features, posing challenges for the daily activities of older residents.

Figure 4.10: Dwellings by Period of Construction
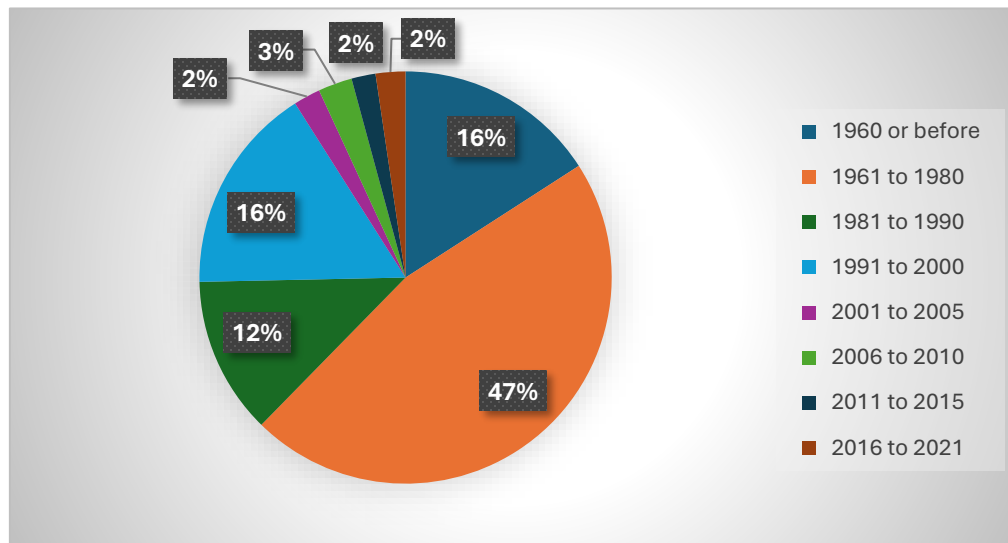
Source: Statistics Canada. 2021. Census Program

The 2021 Census data reveal that families in Quesnel tend to be relatively small, averaging 2.2 people per household. A closer look at Figure 4.11 highlights significant changes in household composition between 1981 and 2021. One-person households have seen a notable rise, increasing from 21% to 38%, while two-person households also grew from 27% to 34%. In contrast, the proportion of three-person households declined from 19% to 13%, and households with four or more people dropped sharply from 34% to 15%.

These trends suggest a shift towards smaller family units and changes in family composition. The decline in larger households indicates an evolving family dynamic, likely influenced by demographic changes, such as an aging population, economic factors, and broader social shifts within the community.

Figure 4.11: Private Household Size 1981-2021
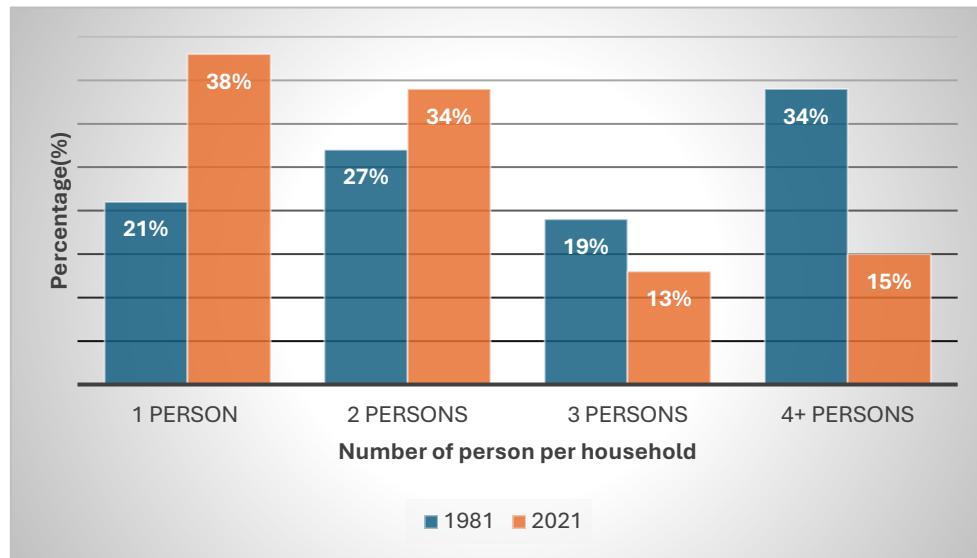
4.2.4. Employment and labour force

Labour force data is important because it reflects both the economic activity of residents and the primary sectors that shape the community. In 2020, Quesnel's population aged 15 and over numbered 8,160, with 4,440 individuals actively participating in the labour force. This equates to a participation rate of 54.4%, with men participating at a higher rate (58.8%) compared to women (50.4%).

Of those in the workforce, 3,970 people were employed, resulting in an employment rate of 48.7%. However, the unemployment rate stood at 10%, indicating some economic challenges for part of the workforce. A more detailed analysis of the employment scenario reveals the specific sectors that drive Quesnel's economy. As illustrated in Figure 4.12, the manufacturing sector employs the highest percentage of workers, representing 16.9% of the

workforce. This high concentration in the manufacturing sector underlines Quesnel's industrial roots, linked to its natural resource base, especially forestry.

Figure 4.12: Labour Force by Industry
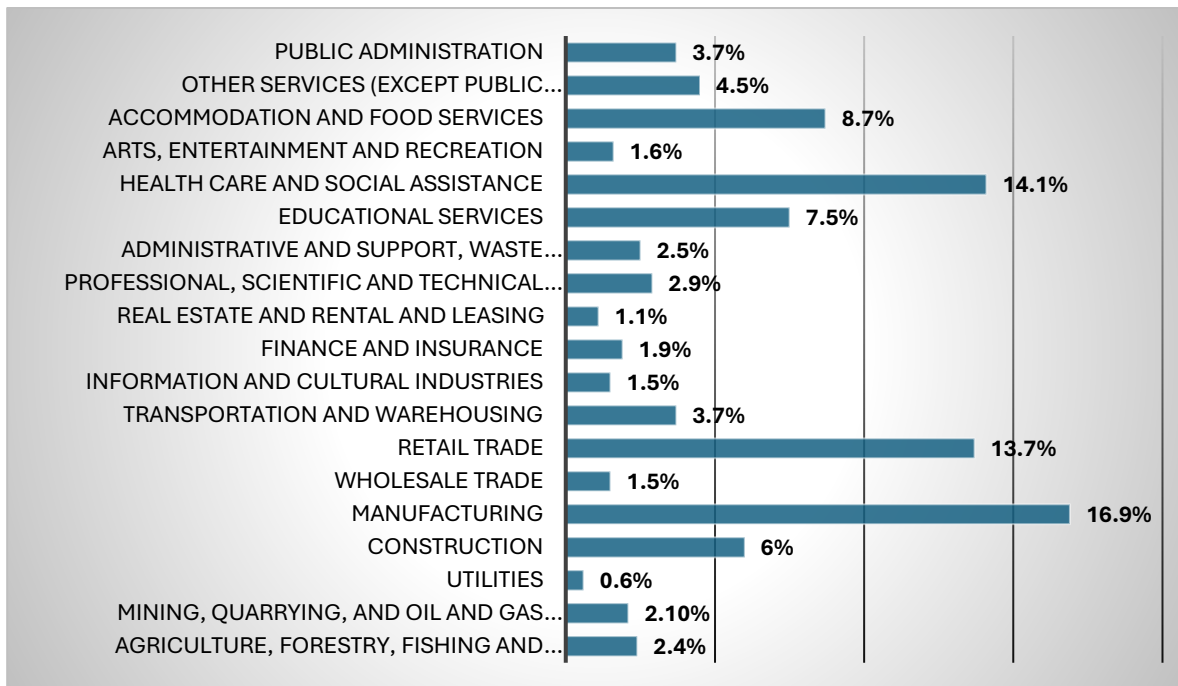
Source: Statistics Canada. 2021. Census Program

After manufacturing, the health and social care sector employs 14.1% of the workforce, reflecting the community's need for health services, and its role as a regional center for such services. Retail trade also plays a significant role, accounting for 13.7% of the workforce. Other significant sectors include accommodation and food services, which employs 8.7%, and educational services, which employs 7.5% of the workforce.

4.2.5. Conclusion

The profile of Quesnel illustrates a community in transition, shaped by its historical dependence on natural resources and its evolving socio-economic landscape. Although the total

population is relatively stable, the data indicates a significant demographic shift towards an aging population, accompanied by changes in household composition and economic activity. The decline in larger households and the increase in one- or two-person households underline the change in family dynamics and the influence of wider social, economic, and demographic factors. In addition, the economic landscape, while still strongly rooted in the manufacturing sector, shows diversification with growing roles in healthcare, retail, and other services. This analysis of Quesnel's profile provides the necessary context for understanding the community's current challenges, particularly those related to aging, housing, and economic sustainability. The next chapters build on this foundation, exploring the findings and discussing programs and public policies that support healthy aging in the city.

Chapter 5 - Findings

This chapter explores the extent to which a range of policies and programs support the aging population in Quesnel, BC. With a focus on housing and healthcare, the analysis is embedded within an age-friendly framework. The findings are derived from field research, including focus group discussions and key informant interviews, to provide a more comprehensive understanding of the current state and areas for improvement. The chapter is structured into three main sections: housing, healthcare, and other age-friendly aspects. Each section explores specific sub-themes, highlighting the perceptions and desires of the older adults who reside in Quesnel. By examining these areas, we can identify the gaps and propose actionable recommendations.

5.1. Housing

The interviews with key informants and subsequent focus group sessions provided valuable insights into older adults' perspectives on housing in Quesnel, BC. From these discussions, several themes and patterns emerged. I have organized this information into categories and sub-categories, as detailed in Table 5.1.

Table 5.1: Housing Categories and Sub-categories

THEME	CATEGORY	SUB-CATEGORIES
Housing	Availability and Accessibility	Shortage of appropriate housing options Lack of "right-sized" housing to downsize Limited one and two-bedroom houses Need for housing close to amenities Universal design / Accessible features
	Affordability	High-cost relative to fixed incomes Need for subsidized and low-income housing Financial strains on older adults
	Maintenance and Support	Home maintenance (snow removal/cleaning) Need for support services Transition challenges from larger to smaller
	Community Integration	Housing development with communal spaces Opportunities for social interaction Intergenerational housing option
	Downtown vs. Rural	Challenges to rural properties Transportation issues Access to services
	Supportive Housing	Assisted-Living Long-term care

Source: Author

5.1.1. Availability and Accessibility

Participants consistently identified a shortage of suitable housing options for older adults in Quesnel, BC, as their main housing. This shortage includes various types of housing, from low-income options to those suitable for downsizing. The challenge of finding suitable housing became evident during interviews and focus group discussions. This scarcity creates significant barriers for older persons seeking appropriate living arrangements that cater to their needs. As a result, many older adults find themselves living in homes that no longer suit their needs struggle to find suitable alternatives. As one interviewee pointed out, "Now people who sell their properties, there is no place to move in town" (Key Informant 8). This lack of 'right-sized' housing prevents many older adults from transitioning to more appropriate living arrangements, often forcing them to remain in homes that have become burdensome or even unsafe. As relate by one key informant:

> I mean, there's nowhere to go. So they sit in their home, which is actually getting quite dangerous because they are out of town. And it's dangerous for them to drive. But their home is also dangerous. It's big, it's got stairs. It's getting run down because nobody's fixing it up. So, it becomes more of a danger (Key Informant 5).

The municipal government has been trying solutions to minimize the housing shortage and encourage a diversity of constructions, including options that meet accessibility criteria for older adults. A local policy made amendments to zoning bylaws to allow the construction of Accessory Dwelling Units (ADUs) on the same lot (Quesnel, 2022). This policy would facilitate the construction of secondary suites, carriage homes, and secondary dwellings on lots

with single-family detached homes. To encourage participation, the city offers five different free ADU plans and waives the permit application fee.

However, some participants noted that this policy does not effectively reduce the housing gap for older adults, despite acknowledging the city's efforts. They listed several restrictions, such as the fact that many houses do not have the structural conditions to accommodate the project without first undergoing significant renovations. Additionally, meeting building code requirements and finding labour and contractors is a challenge. Finally, the financial investment required for constructing these ADUs was also identified as a major challenge. As some participants explained:

> They are encouraging in-law suites, secondary suites and carriages houses. And it's great on paper. However, the building code still has to be met […] so that's a struggle. They are not houses that you can easily come in and set up a suite. The windows aren't big enough in the bedrooms. The ceilings are not high enough (Key Informant 14).
>
> The city is trying […] they did try it. The only problem was there wasn't anybody to build them (Key Informant 4).
>
> I think it goes back to cost of construction and scarcity of contractors (Key Informant 12).

As described in Chapter 4, the limited availability of one and two-bedroom houses, largely due to Quesnel's existing housing stock of larger family homes built between the 1950s and 1980s (Statistics Canada, 2022b), was noted as a challenge to older persons. Those older homes often lack the accessibility features necessary for older persons with mobility challenges, such as wide doorways, grab bars, level thresholds, and single-level layouts. As one interviewee noted,

Make sure that they make the places that seniors grow too accessible for them. If you have poor mobility, or if you're in a wheelchair or use a walker that you can still get into those places because you can't participate. If you can't get into them (Key Informant 2).

This comment highlights the critical link between physical accessibility and social participation, emphasizing that inaccessible housing can lead to isolation and reduced quality-of-life for older adults.

Additionally, the location of housing was highlighted as a crucial factor in meeting older adults' needs. Ideal senior housing should be situated close to amenities like grocery stores, pharmacies, and medical facilities, enabling older adults to maintain their independence and easily access essential services. As one key informant noted, "If they can have more housing units centrally located like in town, but yeah, close by to all the amenities that would you know that would really help a lot of people" (Key Informant 10). This emphasis on location underscores the interconnected nature of housing accessibility, transportation, and access to services in creating age-friendly communities.

Developing older adults housing in central, accessible locations could significantly improve the quality-of-life for older residents, reducing isolation and enhancing their ability to engage with the broader community. However, achieving this goal requires careful urban planning. Participants noted a shortage of available land for new housing developments in the downtown area, which underlines the need for either repurposing existing properties or strategically developing new projects in Quesnel.

Participants also emphasized the need for more housing designed with older adults in mind, including features like single level living and accessibility modifications. They reported characteristics absent in houses that would help with mobility and prevent accidents. Besides the design issues of old houses, such as stairs and multi-story layouts, some new buildings also suffer from accessibility issues. The current housing market does not adequately address these needs, leading to increased stress and uncertainty among older adults. As one key informant argued:

> If you're going to build an apartment or condo, you must have an elevator. There has to be an elevator, and has to be designed, but also you have to accommodate in the building itself and in the apartment on the whatever for mobility issues is the hallways a little bit. Wider is the bathroom built for somebody with a walker or, you know, that kind of thing, but anybody could use it (Key Informant 6).

The shortage of accessible housing creates substantial barriers for older persons who wish to age in place or transition to more suitable living arrangements. Many existing apartment buildings in the area lack elevators, effectively excluding older adults with mobility challenges from these housing options and limiting their choices. This situation not only impacts older adults' quality-of-life but also places additional strain on healthcare resources, as some older persons may be forced to move into care facilities prematurely due to lack of accessible housing alternatives.

Retrofitting existing homes for accessibility was also mentioned as an important consideration, though the costs associated with such modifications can be an impediment for many older adults. Developing strategies to support home modifications, such as government

grants or low-interest loans, could help more older persons adapt their current homes to meet their changing physical needs, as noted by this participant: *"There are more federal programs than Quesnel program where you can have a lift put on your stairway. It's cost some money, but there are loans for that and there are grants for that, as well"* (Key Informant 4). Additionally, ensuring that new housing projects prioritize accessibility could significantly improve housing options for Quesnel's aging population in the long term.

In conclusion, the issues of housing availability and accessibility for older adults in Quesnel, BC, reveal a gap in the community's structure. The shortage of suitable housing options, combined with the lack of accessibility features in existing homes, poses significant challenges for the aging population. These challenges not only affect the quality-of-life for older adults but also impact their ability to age in place and maintain independence.

5.1.2. Affordability

Affordability emerged as a major concern for Quesnel's senior population, with many older adults struggling to find housing options that fit within their limited budgets. The financial pressure of housing costs on fixed incomes was a recurring theme in both interviews and focus groups, highlighting the need for more affordable housing solutions. Many older persons find themselves caught in a difficult situation where they can no longer afford or manage their current homes but are unable to find suitable alternatives within their price range. The need for more subsidized and low-income housing options targeted at older adults was consistently emphasized as a critical priority. One interviewee shared their perspective on the

situation, stating:

> There should be housing for seniors that's affordable, and decent. It does not have to be fancy. What I am seeing more and more is seniors living in their vehicles or in their camp or on somebody's couch in the last few years, I am seeing more seniors that's happened to (Key Informant 2).

This observation underscores the growing crisis of housing affordability and its impact on the most vulnerable older adults in the community.

Participants described the financial challenges they face, with many expressing frustrations at the lack of affordable options for downsizing or transitioning to more suitable living arrangements. The gap between older adults' fixed incomes and the rising costs of housing, including rent, utilities, and property taxes, has been increasing, making it more difficult for older adults to maintain their current living situations or find affordable alternatives. This financial pressure often forces older adults to make difficult choices between housing, healthcare, and other essential needs, potentially compromising their overall well-being and quality-of-life. One key informant noted, "If you don't have money in the bank, you are taking away from your power bill or your groceries or whatever" (Key Informant 9). The affordability issue is further compounded by the rising costs of home maintenance and repairs, which can quickly become overwhelming for older adults on fixed incomes. Some participants shared experiences of delaying necessary home improvements or struggling to keep up with regular maintenance due to financial constraints.

The difficulty of having access to an affordable house is also due to some local, regional, and broader factors. One of the key informants reported that the city's timber stock is

gone, which would be a factor in the rising costs of building homes, although other participants do not agree with this statement. For them, the high costs of construction are more linked to the post-Covid-19 period, the time/costs of permits, and that the small market of Quesnel, compared to large cities, means that builders are not so interested in building on the site.

Despite these challenges, programs like the Shelter Aid for Elderly Renters (SAFER) provide essential support. SAFER, offered by BC Housing, helps reduce the financial burden on older persons by providing rent subsidies, making housing more affordable for those with low incomes. As one program beneficiary shared, "It's been a big help for me because I've got a three-bedroom place and it's pretty expensive. So, with their help, I can afford to pay it" (Focus Group Participant 1 – FG 2). However, as noted by other key informants it is important to highlight that middle-income older adults face a different set of challenges. While SAFER assists those with lower incomes, middle-income older adults often do not qualify for such support yet still struggle with housing and care costs as they age. This group may find themselves caught between qualifying for subsidized assistance and affording their current housing situation, which aggravates their financial strain.

Addressing the affordability gap will require a multi-faceted approach, potentially including increased government subsidies, innovative financing options, and partnerships between public and private sectors to develop more affordable senior housing projects in Quesnel. Without such interventions, the trend of older persons facing housing insecurity or being forced into inadequate living situations, may worsen, potentially leading to a housing crisis in senior housing in the community.

5.1.3. Maintenance and Support

The challenges of home maintenance were frequently mentioned by both interviewees and focus group participants, highlighting a significant area of concern for Quesnel's aging population. Many older adults struggle with tasks that were once routine, such as snow removal, yard work, and general cleaning, finding these activities increasingly difficult or even dangerous as they age. This difficulty in maintaining their homes can lead to feelings of frustration, inadequacy, and even fear of accidents, potentially compromising older adults' ability to age in place safely and comfortably. One participant described this challenge, saying,

> Like I said, with people living in their homes, uh, driveways like with snow and ice in the winter that. So yeah, so challenges like that for seniors to have to deal with the driveway, like if only you know, it'd be nice if the government, you know, can help people pay for someone to, you know, come in, or even just to clean (Key Informant 10).

This comment illustrates not only the physical challenges of home maintenance but also the financial impact it can place on older persons with limited incomes. To face these challenges, several participants cited the importance of the services made available through Better at Home, which offers essential support services for older residents. This program helps with household chores, transportation, and other daily tasks that become more challenging with age. As one interviewee noted, "Better at Home services are available, but older adults may have to pay based on their income level. Those with higher pensions/income have to pay more for services" (Key Informant 16). This program helps fill a crucial gap in support, although it is important to note that the cost structure can still present challenges for some older adults.

Despite the assistance provided by Better at Home, there remains a recognized need for comprehensive support services to help older persons age in place successfully. This includes assistance with home maintenance, cleaning, and other daily tasks that become more challenging with age. Such services could range from regular yard work and snow removal to more specialized support like minor home repairs or modifications to improve accessibility. As the difficulty of maintaining larger homes increases with age, many older adults face the prospect of transitioning to smaller living spaces.

This transition presents its own set of challenge for many older persons, requiring both practical and emotional support. This process often involves downsizing possessions, adapting to new environments, and learning to navigate different community resources. A key informant pointed out: "So, you have a house full of, you know, a lifetime of everything all, and then you got to try and sell or give away all your possessions and learn to adjust your life" (Key Informant 10). To bridge the gap between maintaining larger homes and transitioning to smaller spaces, a more robust network of support services is needed. This could potentially be developed through a combination of government programs, community organizations, and volunteer initiatives. Such a network could provide a continuum of care, from helping older adults maintain their current homes to assisting with the downsizing process and adjustment to new living arrangements.

5.1.4. Community Integration

Housing developments that incorporate communal spaces and opportunities for social interaction were seen as highly beneficial for combating isolation among older adults, a

concern frequently raised by both interviewees and focus group participants. These shared spaces can serve multiple purposes, from providing areas for organized activities and events to offering informal gathering spots where residents can socialize casually (Wister & McPherson, 2024; Golant, 2015). Such features not only enhance the quality-of-life for older adults but also contribute to building a sense of community within housing developments. Some participants emphasized the importance of creating housing options that foster a sense of belonging and enable older persons to remain socially active, recognizing the profound impact that social connections have on mental and physical health in later life. One participant said that their facility has some spaces that promote socialization; "We have a tv room… a pool table, … a craft room. So, there's lot of places for people to go and socialize if they want*"* (Focus Group Participant 4 – FG 1). These community-oriented housing models can help address the loneliness and isolation that many older persons experience, particularly those who live alone or have limited mobility.

Building on this concept of community integration, the idea of co-housing emerged as a particularly attractive model for community integration among older adults in Quesnel. Co-housing offers a balance between independence and traditional retirement communities, providing autonomy while fostering social connections and shared resources (Rosenberg et al., 2022)). As one participant explained*,* "We worked for years trying to get cohousing started here. Because we needed a place for us to retire" (Focus Group Participant 2 – FG 2). Other participant said: *"*It seemed like a great idea, that co-op housing, where you have individual units around a central kitchen and community living space, and everybody pays for their own little corner and whatever, one-fifth or one-tenth of the community space*"* (Focus Group

Participant 4 – FG 2). However, implementing this housing model proved challenging due the

significant financial investment required, as the same participant explained:

> And we worked really hard, and the city tried to fund it, etc. But it's a huge
> investment for seniors to put in to starting it. It would almost be most of our
> capital in our house to start it. So, it needs to be more of a community effort,
> and a city effort, a municipal effort, to start housing for people (Focus Group
> Participant 2 – FG 2).

The potential for intergenerational housing options was also discussed as an innovative

approach to senior housing in Quesnel. Some participants suggested that mixing housing for

older adults with that of younger families could create vibrant, supportive communities and

help combat ageism: "Maybe we should be looking for mixed communities" (Focus Group

Participant 3 – FG 1). This model of housing could provide opportunities for mutual support

and learning between generations. Intergenerational housing could also help integrate older

adults more fully into the broader community, preventing the segregation that sometimes

occurs in age-restricted developments. However, implementing such models would require

careful planning and management to ensure that the needs and preferences of all residents are

respected and accommodated. Overall, the focus on community integration in senior housing

reflects a growing recognition of the importance of social determinants of health and the role

that housing can play in promoting active, engaged aging.

5.1.5. Central Area vs. Rural Area

While Quesnel is generally considered a small rural town, it is important to recognize

the distinctions between its urban core and its outlying areas. Participants highlighted distinct

challenges faced by older persons living in the town center versus those residing in more rural areas, emphasizing the need for tailored approaches to senior housing in different contexts. For the purposes of this study, rural areas are defined as those located outside the municipal boundaries of Quesnel. Some participants reported that they live outside the urban centre of Quesnel and that this becomes more challenging because rural properties often require more extensive maintenance and can become isolating for older persons with limited mobility or those who can no longer drive, potentially leading to decreased quality-of-life and increased health risks.

The physical demands of maintaining larger properties, combined with the distance from essential services and social activities, can make aging in place particularly challenging for rural aging population. These issues underscore the importance of developing housing solutions that address the unique needs of both rural and urban older adults in Quesnel, recognizing that a one-size-fits-all approach is unlikely to be effective.

Transportation issues related to housing location were frequently mentioned as a critical factor affecting older adults' ability to access services and maintain social connections. Older adults living in rural areas or on the outskirts of town often struggle to reach essential services, medical appointments, and social activities, particularly if they are no longer able to drive. As one interviewee who lives in a rural area of Quesnel noted,

> The catchment area is city, and then a big rural area, […] but there's no transport, there's no infrastructure, so how do you equate, at the moment we have the two-tier system of everyone in town is easy, because you've got a bus system, you can walk if you're fit enough, as soon as you get out of those city limits, the city itself limits what you can do, because there is no further infrastructure (Focus Group Participant 5 – FG 1).

This comment highlights not only the transportation challenges but also the importance of considering general infrastructure alongside housing location, especially in more remote areas. The lack of reliable public transportation options in rural areas can exacerbate feelings of isolation and limit older adults' independence, making the choice of housing location even more crucial for maintaining quality-of-life.

5.1.6. Supportive Housing

Based on the key informant interviews and focus group sessions, there are significant gaps between the available options on supportive housing options, including assisted living and long-term care facilities, and the community's needs. These specialized housing types play a vital role in providing care and support for older persons who require assistance with daily activities or have complex medical needs. Interviewees and focus group participants highlighted the increasing demand for such facilities as the population ages. However, they also noted significant challenges in accessing these services due to limited availability and long waiting lists. As noted by one participant, "We have very limited space or housing options for that cohort of seniors and so again, people really struggle to get access into that type of facility" (Key Informant 8).

The shortage of supportive housing is also amplified for those requiring 24-hour care or additional assistance. As one key informant stated, "We lack the appropriate alternate level care housing for seniors and as a result in our community, that would be called our seniors that require care 24 hours. We need, we significantly need more beds" (Key Informant 8). This

complex situation of lack of appropriate supportive housing and the growing demand due to the aging of the population, ends up impacting the functioning of other services and places additional strain on healthcare resources. As illustrated by several participants:

> As a result of not having those beds, a majority of the beds in our hospital are taken up what is traditionally called, which is an awful term, but they call bed blockers because if you don't have the appropriate level of care for housing for seniors, they find themselves in a hospital room (Key Informant 8).
>
> You have bed blocking! And in a place like Quesnel, which doesn't have a vast number of beds, to have say, two thirds of one floor entirely taken up by people who are just waiting for care, it defeats the object of having a hospital department (Focus Group Participant 5 – FG 1).

However, as reported with the issue of lack of housing, one of the points identified by participants for the construction of new supportive housing is the economic challenge, the high costs, and the necessary permits for their construction and release. As pointed out, "Building housing complexes for seniors in Quesnel faces economic challenges" (Key Informant 1). However, there is a call for both municipal and provincial governments to put efforts on this topic, as noted, "I would love to see more funds being funneled our way from the province and from the federal government. But I think that it's also really important for the municipal government to have a housing strategy" (Key Informant 14).

The quality and affordability of supportive housing were also key concerns raised during the research. Participants expressed the need for a range of options to suit different levels of care requirements and financial situations. Some older adults reported struggling to find suitable assisted living arrangements that balanced independence with necessary support services. Long-term care facilities, while recognized as essential for those with high care needs,

were often viewed with apprehension due to concerns about quality of care, staff shortages, and the potential for isolation from the broader community.

5.2. Health Care

The field research in Quesnel revealed several challenges and some supportive programs in health care. From the interviews and discussions, the main topics of this theme are organized in the Table 5.2.

Table 5.2: Health Care Categories and Sub-categories

THEME	CATEGORY	SUB-CATEGORIES
Health Care	Access and Availability	Shortage of family doctors and specialists
		Wait times for appointments and procedures
		Transportation to medical appointments
		Telehealth and remote healthcare
	Quality	Continuity of care
		Patient-centered care approaches
		Healthcare provider retention and turnover
		Local educational institutions
	Home and Community Care	Availability and support for aging in place
		Quality and effectiveness of home care visits
		Information and access to services
	Affordability	Prescription drug costs
		Coverage for medical supplies and equipment
		Dental and vision care accessibility
		Advocacy for universal pharmacare

	Health Care Infrastructure	Hospital services and capacity
		Long-term care facilities
		Impact on healthcare system functioning
	Nutrition and Wellness	Nutritional challenges for older adults
		Community food programs
		Wellness programs and activities

Source: Author

5.2.1. Access to Healthcare Services

Access to healthcare services emerged as one of the key challenges during discussions. Many older adults in Quesnel face significant challenges in securing a family doctor. The shortage of family doctors leads to long wait times for appointments and difficulty in accessing primary care services. This delay can exacerbate health issues and lead to unnecessary complications. As one interviewee emphasized, "It's really hard to get a family doctor here. You have to wait for months sometimes" (Key Informant 10). The wait for a family doctor can be longer. As one participant commented, "I've been on a waiting list for a family doctor for over a year. In the meantime, I have to rely on walk-in clinics, which isn't ideal for managing my chronic conditions" (Focus Group Participant 1 – FG 1). This situation often leads to delayed diagnoses and treatment, potentially intensifying health issues for older persons.

The municipality has made efforts to recruit and retain health professionals, offering several incentives to attract doctors, including housing assistance and transportation. One participant noted, "They have somebody specifically working to engage with doctors to encourage them to come to Quesnel" (Key Informant 14). Despite these incentives, many

participants report that doctors often stay in the community only briefly before moving on to larger cities, due to heavy workloads, cultural issues, or personal preferences. Comments from participants illustrate this challenge:

> We've had doctors that have moved, not because they want to go to the city, but because they're on call 24 hours. They don't have any family life, and they never can relax (Focus Group Participant 2 – FG 2).

> Technically, (doctors) they are not supposed to go on holidays unless they can secure a locum Dr. for themselves (Key Informant 14).

> Quesnel is a small town we don't have a lot exciting happening here. You have to really love the outdoors. […] And that's what Quenel has to offer, and I would say many of the doctors are coming from bigger centres and their spouses. Just aren't happy here (Key Informant 14).

> Another piece to that bigger centre is the community and cultural support. So, for example, many of our South African doctors in Quesnel. They moved to Victoria. Lots of them know each other and so they moved to Victoria because they have this close-knit South African community (Key Informant 5).

These accounts show that despite the city's program to attract and retain healthcare professionals, various factors influence why these professionals do not stay in the community for long. In addition to the shortage of family doctors, the lack of specialists, including geriatric care, is another major challenge. Older adults often need to travel to larger cities for specialist care, such as cancer treatment, hip replacements, and diabetes management. The physical and emotional toll of traveling long distances for care can also lead to increased stress and uncertainty among older adults. A participant explained, "I had to go to Vancouver for my cancer treatment, and it was exhausting" (Focus Group Participant 4 – FG 1).

Besides the waiting time for these professionals, older adults reported that despite some programs and services available to transport patients, there are financial costs involved. These costs occur even for nearby centers such as Prince George. Moreover, the lack of local specialists can lead to delays in diagnosis and treatment, which can worsen health outcomes. The community has expressed a strong need for more family doctors and specialists to provide consistent and reliable care locally.

5.2.2. Telehealth and Remote Healthcare

To address some of these access issues, telehealth and remote healthcare options have been introduced in Quesnel. However, during interviews and focus group discussions, some participants revealed mixed feelings about this alternative. While some participants understand it is a potential solution, concerns were raised about the digital literacy skills required to navigate these systems. As one participant noted, "You don't have the same degree of confidence if you've had a Zoom meeting with somebody […] sometimes you need to have your hands on the person" (Focus Group Participant 5 – FG 1). On this point, other participants commented that a doctor over telehealth cannot look in a patient's ear to diagnose an ear infection, highlighting the limitations of remote care.

Transportation challenges further compound the issue of heath care access. Older adults face limited transportation options, especially during winter, making it difficult to attend medical appointments. While volunteer drivers and the Northern Health bus service provide some support, these services have limitations that need to be addressed, as the bus do not run daily. One key informant suggested a solution for transportation:

For example, are doctors in Prince George, that's handling all these people from Quesnel. If they could have certain days a week where they only handled a group from Quesnel, then four people, could ride up together there, and get their eyes done. And ride back together instead of sending instead of one in the at 9:00 in the morning and another one the next day (Key Informant 9).

The participants expressed a strong need for more reliable and accessible transportation options for older persons. One focus group participant shared, "I would like to live in a city more than a small town. So that way, I don't have to worry about asking people to help me drive for medical trips" (Focus Group Participant 1- FG1). Improving transportation services can help ensure that older adults can attend their medical appointments and receive timely care, both locally and in larger centers when specialist care is required.

5.2.3. Quality of Care

The quality of healthcare services in Quesnel is influenced by various factors, including the shortage of doctors. Older persons often report that consultation times are very rushed due to high demand. As one focus group participant stated, "You have 10 minutes, and that's it. And you can only talk about two things" (Focus Group Participant 3- FG1). Additionally, some doctors refuse patients who require more complex care. Another participant shared, "What we're hearing the doctors say is they're not wanting complex patients. They want patients that call every three months to get simple prescription refills" (Key Informant 14). These comments highlight the challenges in receiving comprehensive, patient-centered care in the community.

Despite these issues, many participants praised the high quality of care provided by healthcare professionals, particularly in hospital settings. One participant noted, "Wait time

sometimes in the ER, the emergency room isn't so great, but once they get care, they're happy"
(Key Informant 3). The existence of a 24-hour ER in Quesnel is seen as a significant benefit,
with participants acknowledging, "So they might have to wait for it, but when they get the care,
it is good" (Key Informant 3). Home care services also received positive feedback, with several
participants highlighting the excellent service provided by home care nurses. One interviewee
stated, "I think we have some really fabulous home care nurses" (Key Informant 15). Those
comments suggests that while access can be challenging, the actual care received is generally
of good standard, providing a valuable service to the community.

A particular strength of Quesnel's healthcare system lies in its local educational
institutions offering health programs, particularly in nursing. As noted by several participants,
these programs contribute significantly to the quality of care in several ways:

- Community Connection: Locally trained nurses often choose to stay and work in
  Quesnel's healthcare facilities, creating a stronger bond between healthcare providers
  and the community they serve.

- Staff Retention: The continuity provided by locally trained professionals leads to
  better retention of hospital staff, ensuring more consistent care for patients.

- Staffing Ratios: Despite overall staffing shortages in the healthcare sector, one
  interviewee noted that Quesnel has "some of the higher staffing ratios in Northern
  Health" (Key Informant 14). This is probably a reflection of the continuous supply of
  locally trained healthcare professionals.

- Sense of Community: Participants believe that the availability of courses offered by the local college and university campus helps build a sense of community and care for patients. This community-oriented approach to healthcare education and delivery can lead to more personalized and empathetic care.

5.2.4. Home and Community Care

Home and community care services play a vital role in supporting older adults to age in place in Quesnel, but there are both challenges and successes in the current system. One of the primary challenges is the lack of information and access to services. Many older persons are unaware of the available options, as exemplified by one participant who admitted, "I don't even know what home care services are available to me" (Focus Group Participant 3 – FG 2). This information gap highlights the need for better communication and outreach.

Another concern is the quality and effectiveness of home care visits. Some interviewees reported brief, superficial interactions that fail to provide meaningful support. As one participant pointed out, "Sometimes people, you know they have a support worker come in for two minutes. Have you taken your meds? Yes. OK. Bye. They're gone. Like, that's not helpful" (Key Informant 2). This feedback underscores the need for more comprehensive and engaging care. Additionally, there is a strong demand for expanded services, particularly for older adults with complex needs or those who are isolated. The community recognizes that as the population ages, the need for more robust and accessible home care will only increase.

Despite the challenges, there are positive aspects to the current system, including compliments for the dedicated home care nurses and the growing recognition of the importance

of aging in place. As one participant noted, "the longer the elderly can stay in their homes, I think it's better" (Key Informant 14). Several participants also recognized the efforts to improve services by Northern Health. In addition, they acknowledged the support and services developed by the Better at Home program, recognizing that they support the improvement of the quality-of-life of the older adults in Quesnel.

5.2.5. Health Care Affordability

The Health care affordability has become a pressing concern, affecting people across Canada (Wister & McPherson, 2024), while in rural communities, this issue is compounded by local characteristics. Older adults often struggle with the high costs of prescriptions, hearing aids, eyeglasses, and dental care, which are not fully covered by existing healthcare plans. The financial burden of traveling for medical appointments adds to the strain, especially for those on fixed incomes. The high cost of medical services is a significant barrier to accessing necessary healthcare for many older persons. This financial pressure can lead to difficult choices, such as forgoing essential medications or treatments to save money. Additionally, the out-of-pocket expenses for medical care can quickly deplete the limited savings of older adults, leading to financial insecurity. Addressing the high cost of medical services is crucial for ensuring that older adults can access the care they need without financial hardship.

The financial challenges faced by older adults in accessing medical care are a significant concern. One interviewee shared, "She could not pay for any of the outside medications that wasn't covered by healthcare" (Key Informant 1). This highlights the difficult choices that older adults must make when faced with high medical costs. Participants expressed

a strong need for more affordable healthcare services to ensure that older adults can access the care they need without financial strain. Many emphasized the need for more comprehensive financial assistance programs to help older adults manage the various costs associated with maintaining their health and accessing necessary care.

There is also a strong advocacy for better pharmacare coverage to alleviate the financial strain on the aged population. One participant suggested, "We need a system that covers all our medication costs" (Key Informant 13). Participants supported the push for universal pharmacare to ensure that all older adults have access to necessary medications without financial hardship. Improved pharmacare coverage would significantly enhance the quality-of-life for older adults by making essential medications more affordable

5.2.6. Healthcare Infrastructure

The healthcare infrastructure in Quesnel has been a topic of significant discussion within the interviews and focus groups, revealing both strengths and areas for improvement. While residents benefit from 24-hour emergency room services, concerns have been raised about the limited capacity of local healthcare facilities, particularly in long-term care.

A major issue discussed earlier in this study, particularly in the context of supportive housing, is the shortage of long-term care facilities. This shortage has far-reaching consequences, impacting not only the older persons who need specialized care but also the overall functioning of the healthcare system. As one participant explained, "Because if you don't have the appropriate level of care for housing for seniors, they find themselves in a hospital room" (Key Informant 8). This situation has led to what some participants refer to as

"bed blockers" - a term used to describe the occupation of hospital beds by patients who require long-term care rather than acute medical treatment.

The community has consistently emphasized the need for more assisted living options and long-term care facilities. Long waiting lists for these services are common, often forcing older adults to remain in unsuitable living situations or occupy hospital beds while waiting for appropriate placement. Access to medical equipment and technology was also discussed, with some participants highlighting the challenges of obtaining necessary medical support and equipment, particularly for those living in rural areas.

5.2.7. Nutrition and Wellness

Nutrition plays a crucial role in health care, but many older adults face challenges in maintaining a healthy diet. Physical limitations and lack of resources often make it difficult for older persons to prepare nutritious meals. There is a recognition that poor nutrition significantly impacts the overall health and well-being of older adults, leading to various health issues. One participant noted, "And that leads to other things, like it could lead to a fall because maybe they, their blood sugar's low, they haven't had a healthy meal" (Key Informant 7). Besides this, food insecurity is another pressing concern. An interviewee shared, "I could tell, near the end of the month, before their new pension check came that they were hungry. We were taking them to the food bank. We were taking them for free meals" (Key Informant 9).

To address these nutritional challenges, several community programs were mentioned by the participants:

- The Seniors Council prepares and delivers 200 meals monthly to older adults in need, providing essential nutrition support.

- The Better at Home program offers various services, including grocery shopping assistance, helping older adults maintain a well-stocked pantry.

- Local churches and organizations like Rotary sponsor monthly hot meal deliveries, ensuring regular access to nutritious food.

- The community food bank provides additional support for older adults facing food insecurity.

These initiatives work collectively to reduce food insecurity and promote better nutrition among Quesnel's senior population.

Wellness programs were also considered vital to promoting physical and mental health among the elderly. One interviewee emphasized, "Providing affordable wellness programs for seniors, such as access to recreational facilities like the walking track and REC center, is vital to promoting physical and mental health" (Key Informant 6). Quesnel has implemented various initiatives to support senior wellness. The West Fraser Centre provides a free walking track, while the city offers tax reductions to senior centers. The North Cariboo Seniors Council organizes engagement activities. Central to these efforts is the Seniors Center offering several activities, and also the Golden Centre that provides affordable weekday lunches, social activities, and events with an affordable annual membership. Most activities are priced affordably. These programs collectively provide opportunities for physical exercise, social

interaction, and mental stimulation, crucial for maintaining senior health and combating isolation.

5.3. Age-Friendly Aspects

In addition to the topics of housing and healthcare, the research explored other key aspects related to creating an age-friendly community. These aspects encompass elements that contribute to the overall well-being and quality-of-life for older adults. The findings are organized into categories and sub-categories, as detailed in the Table 5.3.

Table 5.3: Age-Friendly Aspects Categories and Sub-categories

THEME	CATEGORY	SUB-CATEGORIES
Age-Friendly Aspects	Transport and Mobility	Public transportation
		Mobility and accessibility aids
		Infrastructure improvements
	Outdoor Spaces and Buildings	Parks
		Recreational facilities
		Building accessibility
	Social Participation	Programs for older adults
		Social activities
	Respect and Social Inclusion	Intergenerational programs
		Inclusive community planning
	Civic Participation	Volunteering
		Decision-making processes

		Digital literacy
	Communication and Information	Traditional media
		Community outreach
		Support services
	Community Support	Volunteer services
		Local government initiatives

Source: Author

5.3.1. Transport and Mobility

Transportation and mobility are essential components of an age-friendly city, as they directly impact older adults' ability to access essential services, participate in community activities, and maintain their independence. In Quesnel, BC, participants emphasized the need for improved public transportation and infrastructure to better support the mobility of older adults. This includes features such as wider sidewalks, improved lighting, and accessible public transportation options. The lack of reliable transportation, particularly in rural areas, emerged as a significant barrier, limiting older adults' ability to travel within the community. One participant noted, "But there's no transport, there's no infrastructure, so how do you equate […] the city itself limits what you can do, because there is no further infrastructure" (Focus Group Participant 5 – FG 1).

The current bus system in Quesnel operates from Monday to Saturday, with no service on Sundays. This is a challenge for older persons who may need to use public transportation on Sundays for activities such as grocery shopping, church services, or community events. In

addition to the bus service, participants mentioned the availability of two taxi companies, and the Handy DART bus. These additional options are important for older adults. While these services provide essential mobility support, concerns about their accessibility, affordability, and reliability were raised. Participants noted the limited number of taxis available, high costs, and accessibility issues. Some participants shared:

> There is a new cab company. But people then are paying to use a taxi, and it's limited whether they're available because we might only have one or two taxis in town. And the cost of a taxi is prohibitive for many seniors on a fixed income (Key Informant 7).

> We do have a taxi system here, but that is a very expensive thing. Like, if you live out of town where I live, they said it was like almost $30 one way. So, that is not affordable at all (Key Informant 10).

The Handy DART bus service, which offers transportation for older adults and disabled persons, received generally positive feedback for its accessibility and convenience. One participant shared, "I've only used it once with a client to accompany them to an appointment and it worked quite well, especially if you're in a wheelchair. […] came very quickly, so actually it worked well" (Key Informant 7). However, participants pointed out that the service requires advance booking and may not always be available when needed. One participant emphasized this limitation, stating, "Handy DART it's not always available. You got to book. You got to sign up for it. And then you also got to make your appointments two weeks in advance" (Key Informant 10). Others recognized the strengths of the Handy DART service but highlighted areas for improvement:

So, we're still paying less taxes, so we've got to realize we're getting less services. I wouldn't even get the Handy DART out where I live. I'd have to walk a mile to get the Handy DART (Focus Group Participant 4 – FG 2).

I believe there is still room to improve that service, whether by adding additional vehicles, but it's very costly (Key Informant 12).

Handy DART is great, but you need two weeks notice. So, if a person […] got into a doctor's appointment in the last minute, sometimes getting to that appointment is the problem if you don't have family or friends (Key Informant 10).

The challenges with transportation highlight a broader issue of accessibility. While transportation options are fundamental, they are only part of the equation. Accessibility is an important aspect of an AFC, ensuring that older persons can navigate their environment safely and independently (World Health Organization, 2007). Participants in Quesnel, BC, highlighted several accessibility challenges to improving the quality-of-life for older adults. These challenges include the need for wider sidewalks, better lighting, and the installation of ramps to facilitate mobility for those using wheelchairs or walkers. One participant emphasized the importance of accessible infrastructure, stating:

Make sure that they make the places that seniors grow too accessible for them. So that if you're not, if you have poor mobility, or if you're in a wheelchair or use a walker that you can still get into those places because you can't participate. If you can't get into them (Key Informant 2).

The accessibility of public spaces and buildings was also a concern, with participants noting that many facilities are not equipped to accommodate older persons with mobility issues. For example, one participant mentioned the difficulty of accessing certain stores due to the lack of wheelchair-accessible change rooms, "I remember one woman talking about how

she actually has to go to Prince George to get clothes because there is not one store in Quesnel that has a wheelchair-accessible change room" (Key Informant 14). Additionally, the use of wood chips in parks, donated by local mills, was identified as a barrier for older persons with mobility aids, as it makes it difficult to walk or maneuver with canes or walkers.

Efforts to improve accessibility, such as installing ramps and ensuring that sidewalks are well-paved, were highlighted as positive steps. However, participants stressed the need for ongoing improvements and the implementation of practical measures to make public spaces and buildings more accessible for older adults. By addressing these accessibility issues, Quesnel can create a more inclusive environment that supports the independence and well-being of its senior residents.

5.3.2. Outdoor Spaces and Buildings

Quesnel has several options for outdoor spaces that promote social interaction, physical activity, and overall quality-of-life of older adults. According to WHO (2007), the surrounding environment and public facilities significantly influence the mobility, independence, and overall quality-of-life for older adults, impacting their capacity to age in place. When asked about how well the community is doing with respect to outdoor spaces and building, participants emphasized the importance of well-maintained parks, recreational facilities, and accessible buildings that cater to the needs of older adults. During the field research, participants recognized that access to parks and recreational areas could encourage older persons to remain active, which is vital for their physical and mental well-being. Several participants highlighted the variety of outdoor activities available in Quesnel, stating:

There are biking trails, good biking trails. There're the river walks and there's a lot of seniors walk (Key Informant 5).

So, we do have a number of parks here. That's outdoors space for seniors. They've got 10 Mile Lake, which is nice. That's a lovely park out there (Key Informant 6).

In the summer we go sometimes to parks. There are enough parks that have well paved sidewalks that are easily accessible (Key Informant 7).

In addition to these outdoor opportunities, Quesnel has some indoors spaces and buildings that helps to promote quality-of-life. As one participant noted, "We do have a good space, we have a new arena, the West Fraser Centre. Now it's an indoor space, but there is an elevator and there is a walking track. The arena is excellent" (Key Informant 7). In addition to the new arena, this participant pointed out a different walking track: "I know a lot of seniors would use that and over in the soccer field, the soccer building" (Key Informant 14). While other participants shared the public pool as a space where they can go to do activities and socialize them.

Despite the positive aspects of diverse spaces, several accessibility challenges persist. Many parks and recreational facilities lack the necessary features to accommodate older adults with mobility issues. Participants expressed concerns about the condition of pathways, the availability of seating areas, and the overall accessibility of public spaces. For instance, one participant mentioned, "Our mall has 4 doors and only one has the handicap wheelchair button that you can push to open the door" (Key Informant 14). In addition, there are concerns about the availability of accessible parking spaces, particularly for those with mobility issues. One participant mentioned that "There is a lack of convenient parking options for seniors near

essential services" (Key Informant 9), which can make it difficult for them to access essential services.

The community pool also presents accessibility challenges, as it currently requires older persons to navigate steps to enter the water. One participant stated, "Our pool is up to renovate because the only way to get in is to go down steps. We need a nice walk down into the water, not steps" (Key Informant 6). This highlights the urgent need for renovations to ensure that all older persons can safely enjoy aquatic activities, which are important for maintaining physical health and social engagement.

While outdoor spaces exist, they may not be fully accessible to all older adults, particularly those with physical limitations and transportations issues. The accessibility of some buildings and public spaces deserve attention. For example, this lack of accessible parking spaces near essential services can significantly impact older adults' ability to navigate their community safely and independently. Additionally, the presence of facilities like the new hockey arena and soccer field building was seen as beneficial for older adults' physical activity and social engagement.

5.3.3. Social Participation

Social participation emerged as a critical component of an age-friendly community during the research and refers to older adults taking part in recreational, social, cultural, and educational activities. Engaging in these activities and receiving social support are closely linked to maintaining good health and well-being throughout one's life. Involvement in community-based leisure, social, cultural, and spiritual activities, as well as family interactions,

helps older adults to continue using their skills, gain respect and esteem, and build or sustain

supportive and caring relationships (World Health Organization, 2007). The community spirit

in Quesnel is described as "old-fashioned," with long-term residents often knowing each other

and being willing to help (Focus group Participant 2 – FG 1). This sense of community is

beneficial for social participation. Participants highlighted the importance of programs and

activities that promote social interaction and engagement among older persons. These

programs not only provide opportunities for socialization but also help combat loneliness and

isolation.

There are several groups and associations that actively promote social participation

among older adults, like the Seniors Centre, Rotary Club, Golden Centre, Legion, North

Cariboo Seniors Council, and the Friendship Centre. These organizations offer a variety of

activities, including lunches, dinners, and other daily events. These centers serve as hubs for

social interaction and engagement among older adults. Specific activities mentioned include

exercise programs, pickleball, and community trips, as noted by these comments:

> Seniors centre have quite a few different activities (Focus group Participant 2 – FG 1).
>
> There are lunches, there's dinners, there's cards, games. There's every day (Key Informant 12).
>
> The Rotary, I think they provide like a one-day field trip out to Barkerville, you know. So, they rate, you know, they do a lot of fundraising to help seniors (Key Informant 10).
>
> The Legion is quite active in Quesnel, and the Seniors Center is very active. They regularly have games and other things for seniors (Key Informant 13).

The Hospice Palliative Care Association not only provides end-of-life care but also engages seniors through volunteer opportunities and community involvement (Key Informant 7).

There are, however, several barriers to participation. Many activities are scheduled at times that are not convenient for older adults, such as evenings or winter months. This scheduling can deter participation due to safety concerns like falling or the discomfort of being out at night. As shared by one participant, "I don't want to be out there on my own at night" (Focus Group Participant 5 – FG 1). Geographic isolation and limited transportation options also pose significant barriers, especially for older adults living in rural areas or those without personal vehicles. There is a lack of effective communication channels to inform older persons about available activities and events. Many older adults do not use social media or digital platforms, relying instead on word of mouth or traditional methods like phone calls, as demonstrated in some comments:

A lot of seniors, you know, they don't use smartphones (Key Informant 10).

Some seniors do not have access, or do not have ability or cannot afford this kind of technology. We do a lot of our advertising online and we understand that many of the many of the seniors that we service aren't seeing our advertisements (Key Informant 14).

Additionally, some older persons feel uncomfortable or hesitant to join new social settings, especially if they have become accustomed to isolation. This reluctance can be a significant barrier to increasing social participation.

To improve social participation among older adults, several steps can be taken. Developing multiple communication channels, such as printed materials, phone calls, and

community bulletin boards, is crucial to ensure that information about activities and events is accessible to all older adults. Scheduling activities at convenient and safe times, like during daylight hours and in favorable weather conditions, would enhance accessibility. Additionally, enhancing transportation options, such as a dedicated senior bus service, would make it easier for older persons to attend events and activities. Strengthening support for senior organizations and volunteer groups that organize and run activities is also necessary. The Senior's Council has produced a handbook that provides various services and important information for the elderly; expanding this initiative and amplifying the distribution of these handbooks could significantly benefit older persons. Finally, promoting a culture of inclusivity where older adults feel valued and encouraged to participate in community life would further enhance social participation.

5.3.4. Respect and Social Inclusion

Respect and social inclusion are important for creating an age-friendly community. According to WHO (2007), this characteristic of an AFC is demonstrated by the accessibility of buildings and spaces, as well as the variety of opportunities the city provides for older adults to engage in social activities, entertainment, and employment. These characteristics are interconnected with other AFC domains, underscoring the importance of a comprehensive approach. In Quesnel, participants said that older persons are encouraged to engage in community activities, with numerous programs available to promote social interaction and reduce loneliness. Active hubs like the Senior Centre and the Legion offer affordable social activities, including games and live performances. As shared by some participants:

> We have a very active live art council here in Quesnel and so they often make the tickets affordable for seniors. So, you see a lot of seniors that come out to the live performances, they do an amazing job (Key Informant 14).

> I actually I'm pretty proud of Quesnel. I think that we do have, we definitely do have services here for the most part, it is for mobile seniors (Key Informant 15).

Participants also emphasized the importance of fostering an inclusive environment where older adults feel valued and respected. Intergenerational programs and inclusive community planning were highlighted as effective ways to promote social inclusion

Alongside social activities, the inclusion of older people in decision-making and community planning are key points. On this aspect, efforts are made to ensure diverse representation in committees, including older adults, to gather input on various issues affecting them. Participants shared that the community provides opportunities for their voices to be heard, like city meetings, surveys, and committees. One participant noted, "You could attend a City Council meeting if you had ideas. You know, seniors could raise their voices that way" (Key Informant 7). Despite the positive steps, there are still challenges in ensuring all older persons feel included and respected. Challenges like accessibility in parks and public spaces, and the need for more tailored social activities for older adults with limited mobility, are areas that require further attention

5.3.5. Civic Participation

The WHO (2007; 2002) makes clear that older adults should often be active in the community after retirement as they generally feel respected for their efforts and community

connections. This active connection can occur through unpaid, voluntary, or paid work. In Quesnel, key informant interviews and focus group discussions revealed that the community offers numerous opportunities for older adults to participate in volunteer services and community work. Organizations such as the North Cariboo Seniors Council and Better at Home benefit greatly from senior's work and volunteerism. Quesnel heavily relies on these volunteers to provide various supports to the community. However, there is a constant need for more volunteers, as those who already exist usually have very busy schedules due to the high demand.

Furthermore, most of the volunteers are older adults who help other older persons. As noted, they are often the backbone of volunteer efforts in the community. Many older adults volunteer across multiple organizations, contributing significantly to social services, community gardens, and events like seniors' teas. There is, however, a concern about the sustainability of volunteer programs. One key informant expressed this concern saying, "You know you have kind of the same 100 people in Quesnel that do everything and it's extremely concerning" (Key Informant 14). Another key informant highlighted the age distribution of volunteers: "We are so fortunate. I think we have 27 volunteers. Out of my 27 volunteers 2 are under 60. 1 that's 35 and 1 that's 40, she's 44. Everyone else is between 67 and 82" (Key Informant 14). Despite ongoing efforts to attract younger volunteers, there is a noticeable lack of younger people stepping up to volunteer, which raises concerns about the future of volunteer-driven programs. As noted by a focus group participant, "But we're relying on volunteers, and the volunteers are going old. Who is going to help?" (Focus Group Participant 5 – FG 1).

Overall, Quesnel values the contributions of senior volunteers and recognizes the need to sustain and expand these opportunities. These volunteers work not only help older adults stay active but also allow them to contribute meaningfully to their community. The emphasis is on ensuring that older persons have opportunities to stay engaged and active in the community.

5.3.6. Communication and Information

An age-friendly community should promote good and efficient communication and information. Effective communication is necessary for ensuring that older adults are aware of available programs, services, and community events. Participants noted the importance of using both traditional media, such as newspapers and radio, and digital platforms to reach a broader audience. The city uses a variety of communication channels to ensure older adults are informed about community events and initiatives, as one interviewee shared, "We always make sure that we cover off, whatever is needed for to make sure that seniors know what's going on in the community" (Key Informant 11). This includes radio, social media, and printed materials.

There is an acknowledgment of the technology gap among older persons, with many older adults lacking the tech skills of younger generations. This lack of skill with the digital world has hindered communication and brought disagreement to some, as this comment demonstrates, "I've seen many seniors in tears with the frustration or the amount of derogatory talk, seniors that repeatedly are saying I'm stupid, I'm stupid" (Key Informant 14). There is support offered by the Literacy Quesnel Society so that older adults learn how to better deal

with digital tools and guidelines for online services. This support is essential because many elderly people have difficulties navigating this digital environment, as noted by this participant who explained how an elderly woman felt about it:

> I was hoping I'd die before I was, you know, forced to get on to the computer. But now you have to do your taxes online you have, you know, there's you have to do census online. There's so many things that you have to do online (Key Informant 14).

To bridge this gap, in addition to the promoted digital support, the community information is provided in accessible formats, including printed directories and booklets that list available services and programs. These materials are distributed in places frequented by older persons, such as doctor's offices and community centers. Participants also mentioned that the spreading of information about services, programs, and events often occurs through word of mouth, as highlighted here, "We depend a lot on word of mouth" (Focus Group Participant 6 – FG 2). Another participant pointed out about the importance of share the right information for seniors "because then it spreads like wildfire" (Key Informant 2).

The WHO (2007) recognizes that constantly evolving information and communication technologies can be seen both as beneficial tools and as potential sources of social exclusion. As one participant commented, "It seems ironic that the more technology that we have, the more difficult is to communicate with the population, particularly seniors" (Key Informant 11). Considering this, Quesnel should prioritize making information easily accessible to older adults with different abilities and resources.

5.3.7. Community Support

Community support for older adults in Quesnel is recognized by participants as a vital aspect of fostering an age-friendly environment (World Health Organization, 2007). These support services play a vital role in helping older adults maintain their independence and quality-of-life. Participants mentioned different programs and associations that provide community support. The Seniors Council plays a crucial role, as shared:

> They would do programs like the you know, driveway clearing in the summer they would do lawn mowing. Now they're more invested in providing hot meals for older adults. And so, they have a list of seniors that people will give to them, people who would need hot meals. And so, they would deliver them (Key Informant 12).

Complementing these efforts, the Better at Home program provides essential services such as rides to appointments and assistance with daily tasks. Another participant shared, "Better at Home, they clean, they help immobile seniors to get to places. So yeah, there's support that way as well" (Key Informant 14). In addition, senior's advocacy services help navigate funding and equipment needs. Social engagement is also prioritized, with community centers and organizations like the Legion offering activities tailored to older persons' interests. These services also offer social interaction opportunities for isolated older adults, ensuring they remain connected to the community.

This support network extends beyond formal programs, as the community rallies around older persons' initiatives. When senior programs face challenges, local organizations and volunteers step up to help, organizing fundraisers and events, as noted:

> If one of those programs is struggling, somebody in the community will step up and say, okay, listen, we can do this for you or we can do a fundraiser for you. So, the community in itself supports all of these little individual programs for seniors (Key Informant 1).

This grassroots support underscores the community's recognition of the vital importance of social engagement for older adults' wellbeing.

The city has implemented various age-friendly initiatives, such as snow removal from driveways, which directly benefit older adults and enhance their quality-of-life. These initiatives are part of a broader effort to ensure that older persons can live comfortably and safely in their community. One participant emphasized the need for comprehensive support services, stating:

> I know there's a lot of elders, you know that just need help with cleaning or washing their clothes. I know my grandpa like I just see a lot of elders they were sometimes; you see them wearing the same clothes. And then I just kind of feel I feel for them like that's, you know they're they just need sometimes they just need a little bit of help somewhere and you know like just around the house just doing basic (Key Informant 10).

Based on participant comments, the community has made significant strides towards becoming more age-friendly, while also recognizing areas for improvement. The findings highlight the importance of a wide approach to creating an environment that supports and empowers older adults. By addressing key aspects such as transportation, accessibility, social participation, respect and inclusion, civic engagement, communication, and community support, Quesnel can continue to enhance the quality-of-life for its older residents. The community's commitment to involving older persons in decision-making processes, providing

diverse social activities, and offering essential support services demonstrates a foundation for further development. The ongoing efforts and dedication of local organizations, volunteers, and government initiatives will be instrumental in realizing this vision and ensuring that Quesnel develops as an age-friendly community.

5.4. Conclusion

The findings presented in this chapter reveal important gaps in the housing, health care and senior services available to older adults in Quesnel, BC. While efforts have been made to address these issues, with positives noted by the community, there is still a shortage of adequate and affordable housing for older adults. Accessibility and maintenance challenges further complicate older adults' ability to age in place. In the area of health, access to services remains limited, with a scarcity of doctors and long waiting times representing additional barriers. However, the community's strong social networks and programs provide essential support, highlighting the importance of community-driven solutions. These results highlight the need for targeted policy actions to address the immediate and long-term needs of Quesnel's senior population, which will be explored in more detail in the discussion and policy recommendations.

Chapter 6 - Discussion

This chapter examines the housing, healthcare, and community integration challenges that older adults face in Quesnel, BC, through the lens of the WHO's AFC framework. The AFC framework prioritizes creating accessible, affordable, and supportive environments that allow older adults to maintain their independence and quality-of-life. The first section focuses on housing, discussing the limited availability of accessible homes and the barriers older persons face in maintaining older properties. It also explores the role of retrofitting existing homes and the need for innovative housing models such as co-housing. Next, the healthcare section analyzes the gaps in service provision, such as shortages of healthcare providers, long wait times, and the geographic isolation that hinders access to specialized care. This highlights the potential of telehealth as a partial solution for a rural aging population while also noting its limitations. Finally, the chapter addresses community integration, exploring the social isolation that older adults experience due to limited transportation and mobility options.

By comparing these findings to existing literature and evaluating them within the AFC framework, this chapter offers an analysis of how well public policies in Quesnel support its aging population. The analysis also identifies key areas where further policy interventions are necessary to ensure that older adults can age in place with dignity and security.

6.1. Housing: Challenges and Opportunities

Housing plays a pivotal role in the ability of older adults to age in place, and this is particularly true in communities like Quesnel, BC. The study findings reveal that the availability of suitable housing for older adults is extremely limited, posing significant

challenges. These housing-related issues align with trends identified in other communities (Skinner & Winterton, 2018; Halseth, 2017; Stone, 2016; Sullivan et al., 2014; Davenport et al., 2005; Halseth & Sullivan, 2002) where resource-based economies and aging housing stock fail to accommodate the needs of a growing elderly population.

6.1.1. Availability and Accessibility

The shortage of right-sized housing for older adults—smaller, accessible homes easier to maintain—serves as one of the primary barriers to aging in place in Quesnel. Many older adults live in large family homes unsuitable for their physical needs, exacerbating mobility issues (Wister & McPherson, 2024). Older homes built for younger families during periods of economic growth typically lack essential features such as single-floor layouts, wide doorways, and grab bars. These features are important for assisting older adults with mobility limitations in performing Activities of Daily Living (ADL) such as bathing, dressing, and transferring (Wister & McPherson, 2024; Halseth et al., 2019; Golant, 2018; Ryser et al., 2014)

Moreover, older persons living in dispersed rural settings face additional challenges related to the accessibility of essential services, which further impact their ability to complete ADLs. Joseph and Cloutier-Fisher (2004) highlight that geographic isolation in rural communities like Quesnel contributes to a sense of dependence, as older persons become reliant on others for transportation to access groceries, medical care, and social activities. The study's participants echoed these concerns, noting that the lack of centrally located housing options makes it difficult for older adults to maintain independence and complete ADLs.

The availability of serviced land in Quesnel further complicates the issue of housing development, particularly as much of the existing housing stock consists of single-family dwellings, which are often large and not suited to the needs of older persons. According to Howse and Breen (2022) and, Puxty et al., (2019) the high cost of servicing land, combined with low financial returns in rural areas, discourages developers from building new senior-friendly housing options like smaller, accessible units. As many older adults in Quesnel reside in detached single-family homes, which were built for younger families during periods of economic growth, they often face challenges in maintaining and adapting these properties to meet their changing needs. Local governments need to address these barriers by offering incentives to developers and streamlining the approval process for building accessible homes. Halseth and Ryser (2018) argue that without such interventions, rural communities like Quesnel will struggle to meet the housing needs of their aging populations.

Additionally, retrofitting existing homes to meet the needs of older adults should be a key focus for public policy. Wister and McPherson (2024) and Golant (2018) emphasize the importance of home modifications in allowing older persons to remain in their communities, particularly in rural areas where new housing development may be limited. Building trades, such as carpentry, electrical work, and plumbing are crucial for making homes more accessible through modifications like installing ramps, widening doorways, or adding grab bars. In Quesnel, a local government initiative is underway, with plans to create a nonprofit group of retired tradespeople who would offer their services at no charge to older adults in need.

To further address the shortage of skilled labour, local government could form partnerships with educational institutions like the College of New Caledonia (CNC). This

institution offers trades programs that could help fill the gap in the workforce needed for home modifications, while also providing valuable experience for students. Financial assistance programs that support older persons in making these modifications would help enable more older adults to age in place. Wister and McPherson (2024) and Golant (2015) argue that community-based housing models, such as co-housing and intergenerational living, could also provide a solution by fostering social connections and mutual support among residents, which are essential for aging well.

The AFC framework emphasizes the need for accessible, affordable, and integrated housing solutions for older adults. In Quesnel, the lack of 'right-sized' homes, geographic isolation of housing from essential services, and the unavailability of serviced land are not meeting the AFC's goals of promoting aging in place and maintaining independence. Policy interventions, such as incentivizing developers and providing retrofitting programs, would align Quesnel's housing strategy with AFC principles, ensuring that older adults have access to housing that meets their evolving needs.

6.1.2. Affordability

Affordability is a critical issue for older adults in Quesnel, particularly those living on fixed incomes. As Wyndham-West and Dunn (2024) and, Joseph and Cloutier-Fisher (2004) note, aging rural populations often face a 'double jeopardy' of limited income and high housing costs. In Quesnel, many older adults are living in older homes that require significant repairs or modifications, which they cannot afford. The aging housing stock, built during periods of

economic growth, was not designed with aging populations in mind, further compounding the issue.

Provincial programs like the Shelter Aid for Elderly Renters (SAFER) offer some financial relief for low-income older adults, helping to cover a portion of their rent and easing the affordability barrier. However, as SAFER has eligibility criteria focused on those with very limited incomes, middle-income older adults are not covered by this assistance. These older adults typically have incomes above the limit to qualify for SAFER, but still struggle with rising housing costs, property taxes, and the financial burden of home maintenance. Skinner et al. (2015) and, Golant (2002) point out that this 'missing middle' is often overlooked in housing policy discussions, leaving many older adults in precarious housing situations. The study findings reveal that this gap is also present in Quesnel, where there are fewer affordable housing options overall.

Moreover, the costs associated with maintaining older homes are a significant burden for many older persons. Wister and McPherson (2024), Halseth et al. (2019), Morris and Halseth (2019), and Koff (1992) argue that the high costs of utilities, property taxes, and necessary repairs make it difficult for older adults to stay in their homes, even if they are paid off. Economic incentives to build affordable housing are minimal, as investments often focus on regions with younger, economically active populations (Puxty et al., 2019; Moore & Pacey, 2004; Golant, 2002). As a result, older adults remain in housing stock that may not meet their needs, facing a shortage of suitable, affordable homes.

Skinner et al. (2015) further argue that rural older adults struggle to maintain independence due to the lack of affordable housing and essential services. In Quesnel, rising housing costs and maintenance expenses leave many older adults unable to afford the necessary upkeep of their homes, often forcing them to leave their communities or move into less suitable housing. This shortage of affordable housing creates significant barriers for older adults who wish to age in place, as they face limited choices and financial strain in accessing safe and affordable homes that meet their needs (Puxty et al., 2019; Skinner et al., 2015).

The AFC framework stresses that housing must be affordable and adaptable to older adults' financial and physical needs. In Quesnel, the lack of affordable options, especially for middle-income older adults, and the high costs of maintaining older homes indicate that current housing options fall short of these principles. AFC principles promote aging in place, stressing that older persons can remain in their homes and communities safely, independently, and comfortably, regardless of age or ability. Ensuring that homes are adaptable to meet older adults' changing mobility needs is crucial for enabling aging in place. Policies that focus on increasing the availability of affordable rental units and provide financial support for home modifications would help align Quesnel's housing policies with the AFC framework's emphasis on affordability and sustainability for aging populations.

6.1.3. Maintenance and Support

The ability to maintain one's home is a critical factor in aging in place, yet many older adults in Quesnel struggle with home maintenance tasks due to physical limitations or financial constraints. Study participants frequently mentioned challenges with tasks such as snow

removal, yard work, and minor repairs, which become increasingly difficult as they age. Joseph and Cloutier-Fisher (2004) argue that rural older persons are more likely to live in homes that require significant maintenance, but they often lack the financial resources or physical ability to carry out these tasks. Similarly, Golant (2018) and Keating (2011; 2008) emphasize that older adults face significant physical and financial difficulties in maintaining their homes as they age, which can diminish their sense of control and safety in their home environments.

In addition to the physical challenges of home maintenance, many older adults in Quesnel face housing conditions that are substandard, as seen across other rural communities (Halseth et al., 2019; Golant, 2002; Koff, 1992,). These inadequate housing conditions combined with high maintenance costs create a dual burden for rural older persons who not only struggle with affordability but also with maintaining livable housing. Golant (2015, pp. 77-78) similarly discusses how these challenges can push older adults out of their "residential mastery zones," while for Wister and McPherson (2024) they also hinder the ability to age in place, as older residents can more easily become overwhelmed with housekeeping maintenance tasks.

Programs like Better at Home provide valuable support for older adults by offering services such as housekeeping, yard work, and transportation, helping older adults maintain independence in their own homes. These services are especially beneficial for older persons with limited mobility or resources, as they fill gaps in daily care and reduce reliance on family members or expensive private services. However, the program faces challenges in attracting professionals willing to accept the hourly wage it can afford, which limits the availability of services. Additionally, recruiting volunteers has proven difficult, and their numbers are

insufficient to meet the growing demand for these services. These limitations reduce the program's ability to provide adequate support, particularly for more frequent or specialized tasks, leaving many older persons without the comprehensive assistance they need. Skinner et al. (2015) and Keating (2008) argue that the availability of support services is a critical factor in determining whether older persons can successfully age in place.

The issue of home maintenance is closely tied to the broader affordability challenges those older adults face. Many older persons are unable to afford the cost of hiring professional help for maintenance tasks or making necessary repairs to their homes. This leads to a situation where older adults are forced to live in homes that are deteriorating and unsafe, further aggravating their health risks. Joseph and Cloutier-Fisher (2004) note that the availability of support services diminishes with size of community, making it more challenging for older adults in rural communities to access the help they need. This uneven availability of services leaves some older adults in Quesnel without the assistance required to maintain their homes and live safely. In contrast, community support through voluntarism in these rural communities plays a crucial role in filling some of these gaps (Skinner et al., 2014; Keating, 2008).

The AFC framework highlights the importance of providing maintenance support services that allow older persons to remain independent in their homes. The limited availability of such services in Quesnel, combined with the financial and physical barriers to home upkeep, highlights challenges to meeting AFC objectives. Expanding access to maintenance services and developing community-based initiatives would better align Quesnel with AFC principles, ensuring that older adults have the resources they need to age in place safely and comfortably.

6.2. Healthcare Services and Access

Healthcare access is another critical pillar of the Age-Friendly Cities framework, as it directly impacts the health and well-being of older adults. In Quesnel, the study findings reveal that older adults experience barriers in accessing healthcare services, particularly due to the shortage of healthcare providers, long wait times for appointments, and the limited availability of specialized services. These issues affect their ability to age in place with dignity and independence, and reflect broader challenges faced by rural communities across Canada. Hanlon and Poulin (2021) and Skinner et al. (2018) highlight the structural inequalities that compound these issues, noting that rural healthcare systems are often underfunded, which exacerbates existing gaps in service delivery.

6.2.1. Availability and Accessibility of Healthcare Providers

The availability of healthcare providers in Quesnel is limited, particularly when it comes to family doctors and specialists. Participants in the study consistently reported long wait times for medical appointments and difficulty securing regular access to primary care. This aligns with Glasgow and Doebler (2021) and Schiff and Møller (2021) findings that rural aging population in northern Canada often experience interruptions in care, relying on emergency services or walk-in clinics due to the scarcity of family doctors. Such reliance on episodic care is particularly concerning for older adults with chronic conditions who require consistent management.

Specialized care is another area of concern. Older persons must frequently travel to larger urban centers, such as Prince George or Vancouver, for specialist services. This not only

creates a financial burden but also adds to the emotional strain of being away from familiar surroundings and support networks. Skinner et al. (2021) and Halseth and Morris (2019) emphasize the role of geographic isolation in compounding these challenges, noting that rural aging population are often underserved by regional healthcare systems. The lack of continuity in care—where older persons cannot build lasting relationships with their healthcare providers—adds to the vulnerability of rural elderly populations. The participants' experiences align with the findings of Hanlon and Poulin (2021) and Skinner and Winterton (2018), who argue that rural health systems are often fragmented, making it difficult for older persons to receive timely and consistent care. This is evident in Quesnel, where participants described significant difficulties in accessing essential specialized care, such as cardiology, oncology, and geriatrics.

The shortage of health professionals is a challenge across Canada (Wister & McPherson, 2024; Skinner et al., 2021;), but it is particularly acute in rural and remote communities, where unique factors exacerbate the issue for older adults (Hanlon et al., 2014; Keating et al., 2011). The rising elderly population in these areas underscores the urgent need for healthcare policies tailored to their specific needs. The growing demand for medical services, coupled with the ongoing struggle to attract and retain healthcare providers in communities like Quesnel, intensifies the problem (Skinner & Hanlon, 2016; Keating et al., 2011).

While the local recruitment and retention program offers incentives such as housing support, these measures have not been enough to fully address the community's needs. Despite some recent hiring, participants in this study noted that a shortage of doctors remains, leading

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to long wait times and limited access to specialized care. This highlights the fact that, even with recruitment efforts, Quesnel continues to face significant gaps in healthcare provision (Wister and McPherson, 2024; Schiff and Møller, 2021; Skinner et al. 2018).

According to the AFC framework, healthcare services must be available and accessible to older adults, ensuring they can receive care without facing long wait times or traveling long distances. In Quesnel, there are significant barriers to achieving this goal. AFC principles emphasize the importance of ensuring that older adults have regular access to primary and specialized care within their communities. To address this, public policies should focus on improving recruitment and retention strategies, offering incentives such as housing and loan forgiveness to healthcare professionals. This would help mitigate the long wait times and ensure continuous care, as required by the AFC framework for maintaining older adults' health and well-being.

6.2.2. Geographic Isolation and Telehealth

Quesnel's geographic isolation increases the challenges that older adults face in accessing healthcare services. In a community where travel to larger healthcare centers is often required for specialized care, the barriers to accessing these services become even more pronounced for older adults with mobility challenges or limited financial resources. Rural aging populations in northern Canada frequently face limited access to healthcare, relying on emergency services or walk-in clinics, and informal care networks due to the scarcity of family doctors and the difficulty of securing regular medical appointments (Skinner et al., 2021; Schiff & Møller, 2021; Hanlon & Kearns, 2016; Skinner et al., 2008). This lack of continuity in care

can have serious implications for older adults with chronic conditions, who require ongoing management and consistent access to healthcare services (Skinner and Hanlon, 2016; Keating, 2011).

The findings from this study align with the broader literature on rural healthcare access, which emphasizes the need for targeted interventions to address the structural inequalities between urban and rural healthcare systems. Halseth and Morris (2019) note that in northern BC, the service delivery gaps further strain the healthcare system. Similarly, Skinner et al. (2008) describes how restructuring in rural health services has created service delivery gaps, particularly in critical areas such as palliative care, mental health services, and respite care. These challenges are further compounded by the difficulty in recruiting healthcare professionals to rural areas and longer wait times due to a shortage of resources.

Telehealth has been recognized as a potential solution to mitigate geographic barriers in rural healthcare. Skinner et al. (2021; 2018), as well as Hanlon and Kearns (2016), argue that telehealth can reduce isolation and enhance healthcare delivery in these areas by facilitating remote consultations and faster access to healthcare providers. However, study participants shared mixed feelings about its efficacy. While some appreciated the increased access to care, others expressed concerns regarding the impersonal nature of telehealth interactions. Many participants felt that telehealth lacked the personal touch required to build trust between patients and providers, an essential component for effective healthcare, especially for older persons.

Participants also noted that older adults with complex health conditions requiring physical examinations or detailed consultations found telehealth insufficient. Moreover, those

with limited digital literacy or unreliable internet access struggled to navigate telehealth platforms, making it difficult for them to use these services effectively. This perception is echoed in the research of Glasgow and Doebler (2021) and Kosurko et al. (2021). Although telehealth helped improve access in some cases, participants highlighted these barriers, emphasizing that telehealth should complement, not replace, in-person care.

The AFC framework stresses the importance of accessible and equitable healthcare services that accommodate the unique needs of older adults. In Quesnel, the geographic isolation, shortage of healthcare providers, and challenges on telehealth limit older persons' access to the comprehensive care advocated by AFC. Addressing these issues would better align Quesnel's healthcare policies with the AFC vision.

6.2.3. Long-Term Care and Home-Based Support

Rural health systems are increasingly under strain due to global aging trends and a growing demand for long-term care, particularly in areas with limited resources and underfunded social support networks (World Health Organization, 2024). In Quesnel, the shortage of long-term care (LTC) facilities presents a significant challenge, affecting both older adults and the broader healthcare system. With limited LTC beds available, older adults who no longer need acute hospital care often find themselves stuck in hospitals while waiting for placement in appropriate facilities. This situation creates significant strain on hospital resources, which are not designed to provide the ongoing, personalized support required by older adults. As noted by Halseth and Morris (2019), rural communities face unique difficulties

in providing specialized care for aging populations, leading to bottlenecks in hospital care and leaving older persons in settings that do not fully meet their needs.

This gap between care needs and available services results in adverse health outcomes for older adults, as hospital settings are not equipped to offer the rehabilitative and social support that long-term care facilities provide. The lack of LTC options also contributes to hospital overcrowding, reducing the capacity to handle new patients with serious medical conditions. Addressing this shortage requires not only an expansion of long-term care facilities but also improvements in the quality of care provided within them. Golant (2015) stresses the importance of well-designed environments in long-term care facilities, where features like accessible living spaces, social areas, and rehabilitation services can significantly enhance the quality-of-life for older adults.

Complementing the need for expanded LTC is the critical role of home and community care services, which provide an alternative that allows older persons to remain in their own homes while receiving necessary medical and personal support. As participants in the study noted, home care services are highly valued, enabling older adults to maintain their independence and avoid premature institutionalization. This aligns with Joseph and Cloutier-Fisher's (2004) findings, which highlight the importance of community-based care in supporting aging in place for rural older adults. However, the effectiveness of home care services in Quesnel is currently limited by staffing shortages and inconsistent service delivery, issues that mirror broader challenges in rural healthcare delivery (Ryser et al., 2021).

Integrating LTC with home and community care can help create a more responsive and flexible healthcare system in Quesnel. By developing a continuum of care that includes both institutional and home-based support, older adults can receive the care they need in the setting that best suits their circumstances (Stone, 2016; Davenport et al., 2005). As addressed in Hanlon and Poulin (2021) and Skinner et al. (2015), rural healthcare systems must be flexible enough to provide a range of options, from in-home care to institutional care, to ensure that older persons can age in place or transition smoothly when necessary. This strategy aligns with the principles of the AFC framework, which focuses on ensuring that healthcare services for older adults are accessible, affordable, and adaptable. By promoting integrated care solutions for aging populations, the framework highlights the importance of closing the existing gaps in Quesnel's healthcare system to achieve this vision.

The AFC framework emphasizes the availability of LTC and home support to ensure that older persons can age in place. In Quesnel, the shortage of LTC facilities and some home care services do not meet this principle. The AFC model would advocate expanding these services to provide older adults with the care they need while remaining in their homes or making a smooth transition to LTC when needed.

6.2.4. Integration of Services

The integration of healthcare and social services with housing is critical for supporting older adults in aging in place. Stone (2016) advocates for a multifaceted approach that includes integrating healthcare and social services with housing to improve health outcomes. This aligns with the findings in Quesnel, where gaps in healthcare access and the need for coordinated care

models are evident. By linking housing with healthcare and social services, communities can enhance the ability of older adults to live independently and with dignity.

In BC, the partnership between the United Way and Community-Based Seniors' Services (CBSS) illustrates the importance of linking housing with healthcare and social services (Kadowaki et al., 2021). This model of collaboration has proven to be an effective approach in promoting health and well-being, especially in geographically dispersed and resource-constrained communities. Quesnel faces similar challenges, and the integration of services would provide a pathway for addressing the service gaps that affect older adults' ability to live independently.

By fostering collaboration across various service sectors and levels of government, ensuring that address the fragmentation of services, communities can create a supportive environment that enables older adults to age in place with dignity and autonomy. As noted by the National Seniors Council (2024) and Davenport et al., (2005), improving the utilization of community-based health professionals can be a viable strategy for reducing these gaps.

The integration of health, housing, and social services is essential to the AFC framework, as it supports a holistic approach to aging in place. In Quesnel, the current fragmentation of services creates barriers for older people, who often have to navigate complex health systems without sufficient support. The AFC perspective calls for the development of coordinated care models that link health care providers with social services and housing assistance, allowing older adults to receive comprehensive care. This would not only improve

health outcomes but also align Quesnel with the AFC framework's emphasis on interconnected and supportive services for older people.

6.3. Policy Recommendations for Quesnel and Similar Communities

Based on the findings from this study, several policy recommendations can be made to better support the aging population in Quesnel and other similar resource-based communities. These recommendations focus on addressing the areas of housing and healthcare, which are essential for enabling older adults to age in place and remain active members of their communities. By implementing these policy changes, local governments can create a more supportive environment that meets the unique needs of older adults in rural areas.

6.3.1. Housing: Increase Affordable and Accessible Options

A major finding of this study is the urgent need for more affordable and accessible housing for older adults in Quesnel. Local governments should prioritize the development of affordable housing options by working in partnership with non-profit organizations, private developers, and other stakeholders. One effective strategy could be offering financial incentives, such as tax breaks or reduced development fees, to encourage developers to build senior-friendly housing. Additionally, retrofitting existing homes to meet accessibility standards is critical for enabling older adults to remain in their homes as they age. Public policies that provide financial assistance for home modifications, such as installing grab bars, widening doorways, or creating single-floor layouts, would help close the accessibility gap.

In addition to expanding affordable housing, local governments should explore community-based housing models such as co-housing or intergenerational living. These models not only address housing affordability but also foster social connections and mutual support, which are essential for reducing social isolation among older persons. Zoning reforms that encourage the development of these alternative housing models, along with financial incentives for developers, could help meet the growing demand for age-friendly housing in rural communities.

6.3.2. Healthcare: Enhance Services and Access

Improving healthcare access for older adults in Quesnel is another key policy priority. As this study reveals, many older persons face significant barriers to accessing healthcare due to the shortage of providers and the geographic isolation of the town. To address this issue, local governments should implement targeted recruitment strategies to attract healthcare professionals to rural areas. These strategies could include offering loan forgiveness programs, housing subsidies, or professional development opportunities to incentivize healthcare providers to work locally. Additionally, expanding the availability of LTC facilities is critical for reducing the burden on hospital resources and ensuring that older adults receive the appropriate level of care.

Telehealth has emerged as a promising solution for improving healthcare access in rural areas, but as this study shows, it must be accompanied by investments in digital infrastructure and training for older persons. Local governments should prioritize the expansion of high-speed internet in rural areas and provide digital literacy programs to help older adults navigate

telehealth platforms effectively. While telehealth can supplement in-person care, it is essential that healthcare systems maintain a balance between virtual and face-to-face consultations, particularly for older adults with chronic health conditions who require ongoing management and personalized care.

6.3.3. Other AFC aspects: Promoting Social Participation and Transportation for Seniors

Diverse positive actions to promote social participation among older adults through initiatives such as community events and programming at the Quesnel and District Seniors' Centre are encouraging social participation and integration among older adults. However, additional efforts are required to ensure that these opportunities are inclusive, accessible, and widely available. Policies would emphasize the development and improvement of community spaces in residential neighborhoods, facilitating the participation of older adults without transportation barriers. The expansion of intergenerational programs, such as community gardening or volunteer initiatives, can further strengthen social cohesion and combat isolation. Building on the success of existing events, local governments could collaborate with non-profit organizations to diversify the types of activities on offer, ensuring that they meet the diverse interests and needs of older people in Quesnel.

Transportation remains a significant challenge for many older people, especially those living in outlying areas or with limited mobility. Although Quesnel offers some transportation services, there are gaps that can be observed. Policies should focus on expanding accessible and reliable public transportation, increasing the supply of services adapted for the elderly and

expanding the area covered. In addition, improving walking infrastructure, including maintaining sidewalks, would support safer and more comfortable mobility.

6.4. Conclusion

The discussion summarized the main conclusions of this study within the framework of the AFC framework, highlighting the challenges and possible solutions to support the aging population in Quesnel. Housing remains a crucial issue, with the need for accessible and affordable options that allow older adults to maintain independence and community connections. Similarly, health services need significant improvement, particularly regarding geographical isolation and the availability of specialized care. The intersections between housing, health, and age-friendly initiatives offer opportunities for integrated approaches that can improve the overall well-being of older adults. This chapter has keep emphasized the importance of adapting policies to the unique characteristics of small, resource-based communities like Quesnel, with a focus on community sustainability and resilience.

Chapter 7 - Conclusion

In this thesis, I explored how programs and public policies support population aging in Quesnel, BC, with a specific focus on the topic of housing and healthcare. Using the World Health Organization's Age-Friendly Cities framework as a guiding lens, the research looked toward exploring how my respondents viewed the effectiveness and limitations of existing programs and policies. Through qualitative methods, including key informant interviews and focus group discussions, I gathered insights directly from community members and stakeholders. This helped me identify gaps in current support systems as well as opportunities for enhancing older adults' quality-of-life. In this chapter, I summarize the key findings of my research by answering the research question, discussing the broader implications for both the community and public policy, and suggesting potential directions for future research that could further improve the lives of older persons in rural areas like Quesnel.

7.1. Answering the Research Question

The research question posed in this study was: *How and to what extent do public policies support population aging in a small, resource-based community like Quesnel, BC?* The results indicate that while some policies are in place to support older adults, these measures are often insufficient or unevenly implemented. The participants' experiences reveal that the public policies, programs, and services available in Quesnel do not fully meet the needs of the elderly population when put through the Age-Friendly Cities (AFC) framework.

The research identified gaps in the community's ability to provide adequate support, particularly in relation to service accessibility, affordability, and infrastructure adaptation.

Many of these challenges are not unique to Quesnel but are characteristic of small, remote communities where geographic dispersion, local characteristics, and a shortage of professionals demand more specific, community-integrated policies and programs to achieve better outcomes. These factors contribute to a disconnect between policy design and practical outcomes, leaving older adults with limited options for housing, healthcare, and community integration, which make active aging more difficult. Despite these limitations, the strong sense of community and local initiatives demonstrate a willingness to address these challenges, though often in a fragmented rather than systematic way. One of the key findings is that existing policies and programs are insufficient to support the aging population. The lack of suitable and affordable housing, combined with limited healthcare services and inadequate transportation, creates barriers for older residents who wish to age in place. Additionally, the difficulty in attracting investment for affordable housing and long-term care facilities, as well as the limited expansion of home and community-based services, means that many older adults must navigate service gaps on their own or rely on informal support networks.

The research also highlights the interconnection between housing, healthcare and community participation, reinforcing the need for a more integrated and strategic approach to public policy. Fragmented or isolated services are often not enough to transform the experience of an ageing population. Instead, a holistic policy approach is required, in which public policies are designed to improve access to housing, expand health services, and increase the mobility and social participation of older people at the same time. Building on local and provincial policies and using community-driven initiatives might be instrumental in dealing with these gaps more effectively.

7.2. Implications for the Community and Public Policy

The findings of this study reflect the broader dynamics facing communities like Quesnel as they navigate demographic shifts, resource-based economies, changing public policy, and aging populations. The sustainability of rural communities depends on their ability to respond proactively to these changes. This study highlights not only the challenges but also the opportunities for innovation in supporting aging populations through local capacity-building, collaborative governance, and targeted policy interventions.

7.2.1. Quesnel Community

In the context of Quesnel, the community's ability to meet the housing needs of the elderly is emblematic of a broader need to invest in rural infrastructure that can support demographic transitions. Housing, as a fundamental pillar of community sustainability, requires not only the involvement of local government, but also the collaboration of various stakeholders, involving developers, community organizations, and citizens themselves.

One of the most pressing challenges is to ensure that the community's infrastructure and services can adapt to meet the needs of an aging population. While social networks and some programs offer valuable support, these initiatives must evolve as more older adults need assistance. There is an opportunity to deepen partnerships between local government, non-profit organizations, and community members to create sustainable systems that respond to demographic changes. Enhancing existing programs to extend services to more rural and remote older adults will be key to ensuring that no segment of the population is left behind.

The development of accessible and affordable housing adapted to the elderly is another priority for Quesnel. Housing is not just a basic need, but a key element in supporting the independence and well-being of older people, as well as the sustainability of the community. To address the shortage of housing, the community must engage in coordinated efforts involving developers, government agencies, and local stakeholders. Collaborative strategies should focus on innovative, place-based approaches that leverage local resources and expertise, ensuring that housing solutions are responsive to the specific needs and conditions of Quesnel.

7.2.2. Public Policy

At the policy level, a multi-pronged approach is essential. Policies that address housing affordability and accessibility must be tailored to the specific needs of rural areas like Quesnel. Provincial and federal governments should provide targeted financial incentives to encourage developers to build senior-friendly housing, particularly in underserved regions where economic returns may not immediately attract investment. Additionally, there is a need for expanding housing subsidies to include middle-income older adults who often fall outside the eligibility criteria for existing programs like SAFER, yet still struggle to find and afford appropriate housing as they age.

In the healthcare sector, policies must focus on both the recruitment and retention of healthcare professionals in underserved communities. Furthermore, while telehealth has improved access for some older persons, the digital divide remains a significant barrier for others. Public policies should promote digital literacy among older adults and ensure that technological infrastructure is in place to support reliable and accessible telehealth services.

Additionally, policies should prioritize the integration of healthcare with home and community care services to provide a more coordinated, seamless experience for older persons as they age.

7.3. Topics for Further Research

Building on the findings of this study, several areas for further investigation emerge, particularly regarding how smaller communities like Quesnel can better support aging populations through collaborative, locally driven solutions. Future research should focus on identifying sustainable strategies that leverage local capacities, ensuring that rural communities remain resilient in the face of demographic changes.

A key area of inquiry lies in developing sustainable housing models that are responsive to the specific needs of older adults. Traditional market-driven housing solutions often fall short in rural areas, where economic returns may not justify investment in senior-friendly infrastructure. Research into collaborative housing solutions—involving local governments, developers, and community organizations—could offer insights into how rural communities can create intergenerational housing or co-housing models. These models, which foster social integration and provide affordable living spaces, need to be adapted to the cultural and geographic realities of rural regions like Quesnel. Understanding the role of local governances in facilitating these housing innovations will be crucial to their success.

Equally important is to explore community-driven transportation solutions to address the mobility challenges faced by the older population in rural, geographically dispersed communities. With limited access to public transportation, older people often have their independence and social participation reduced. Future research should investigate innovative

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and sustainable models, such as volunteer driver programs, on-demand transport systems and pedestrian infrastructure improvements. These can better support older adults in maintaining mobility and access to essential services, as well as strengthening community involvement.

Another topic for further study involves the provision of integrated health services for older people in rural areas. In resource-limited settings, health systems must work together with community-based services to create a seamless support structure. Future research should investigate how integrated care models, linking telehealth, home care, and primary health care providers can be adapted to rural contexts.

Further research should explore the role of community-led social integration initiatives in supporting rural aging population. Rural communities have long relied on volunteer networks and grassroots social programs to fill service gaps, but these efforts need to be expanded and formalized to meet growing demands. Demographic change and population aging, after all, not only changes the profile of the population over time, but also the profile of the volunteer population as well. Exploring how these initiatives can be integrated into municipal planning frameworks and supported through public policy will help ensure their sustainability and scalability.

In addition to these areas, future research should prioritize investigating the experiences of Indigenous older adults in small, resource-based communities. Indigenous populations may navigate aging in rural settings in ways that reflect distinct cultural practices, historical contexts, and structural barriers. Investigating their perspectives on housing, healthcare, and

community support can offer valuable insights for developing age-friendly policies that are more inclusive and culturally responsive.

Moreover, further studies should examine the broader impacts of populating aging on the voluntary sector. As aging not only increases the demand for services but also shifts the availability and demographics of volunteers, it is important to understand how small communities can adapt to maintain robust volunteer networks. Research into strategies for youth recruitment, retention, and volunteer support will be important to sustain essential community services for older residents.

Finally, an emerging area for investigation concerns the relationship between environmental factors – particularly air quality – and aging and health outcomes in small resource-based communities. Such communities often face environmental conditions impacted by industrial activity, which could have implications for the well-being of older adults. Investigating the potential impacts of environmental quality on the ability to age in place would offer meaningful insights for public health planning and the development of supportive community environments.

7.4. Closing Thoughts

This research highlighted the critical intersections between housing, health, and community integration in supporting an aging population in Quesnel. As rural communities across Canada face similar challenges, the insights from this study emphasize the importance

of community resilience and collaborative efforts to ensure that older persons receive support in practical and meaningful ways. By exploring the specific needs of Quesnel's older adults, this study has demonstrated that rural communities have the capacity to adapt. Strengthening local governance, fostering partnerships, and focusing on an age-friendly infrastructure will be vital steps in ensuring a sustainable future for elderly populations in rural areas.

This study contributes to the literature on rural aging by demonstrating how public policies and services perform in a small resource-based community, highlighting both their strengths and limitations in addressing the needs of older adults. While the AFC framework provided a valuable lens for exploring policy effectiveness, its application in Quesnel revealed weaknesses when used in small communities. The framework was effective in identifying gaps in housing, healthcare, and community integration, but it assumes a level of service availability, infrastructure and local capacity that is often lacking in small communities. Despite these limitations, the AFC framework remains important, offering municipalities a structured approach to assessing needs, guiding improvements, and supporting better integration in aging support.

Looking ahead, the main conclusion is that the solutions to rural aging lie not just in tackling immediate challenges, but in cultivating long-term strategies that are deeply rooted in the local context. With the support of targeted policies and ongoing community involvement, Quesnel and similar towns can transform the way they approach aging, turning it from a challenge into an opportunity to create more inclusive and supportive environments for all residents. By prioritizing collaboration and innovative thinking, resource-based communities can position themselves as models of resilience in the face of demographic change.

References

Berg, B. L. (2009). *Qualitative research methods for the social sciences* (7th ed). Allyn & Bacon.

Biglieri, S., & Hartt, M. (2024). The 'Double Risk' of Aging: Examining Vulnerability and (Un)supportive Built Environments in Canadian Cities. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, *43*(1), 99–113. https://doi.org/10.1017/S0714980823000429

Bloom, D. E., & Luca, D. L. (2016). Chapter 1 - The Global Demography of Aging: Facts, Explanations, Future. In J. Piggott & A. Woodland (Eds.), *Handbook of the Economics of Population Aging* (Vol. 1, pp. 3–56). North-Holland. https://doi.org/10.1016/bs.hespa.2016.06.002

Bowles, P., & Wilson, G. N. (2015). *Resource Communities in a Globalizing Region: Development, Agency, and Contestation in Northern British Columbia*. UBC Press.

Bryant, C., & Joseph, A. E. (2001). Canada's rural population: Trends in space and implications in place. *Canadian Geographer*, *45*, 132–137.

Canada, P. H. A. of. (2007, July 18). *Age-Friendly Rural and Remote Communities: A Guide*. https://www.canada.ca/en/public-health/services/publications/healthy-living/friendly-rural-remote-communities-a-guide.html

City of Quesnel. (2022). *The suite life in Quesnel.*

     https://www.quesnel.ca/sites/default/files/docs/building-

     development/the_suite_life_in_quesnel_dec_2022_1.pdf

Colibaba, A., McCrillis, E., & Skinner, M. (2020). Exploring rural older adult perspectives on

     the scope, reach and sustainability of age-friendly programs. *Journal of Aging*

     Studies, *55*. https://doi.org/10.1016/j.jaging.2020.100898

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods*

     approaches (4th ed). SAGE Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing*

     among five approaches (4th ed). SAGE Publications.

Davenport, J., Rathwell, T. A., & Rosenberg, M. W. (2005). Service Provision for Seniors:

     Challenges for Communities in Atlantic Canada. *Healthcare Quarterly*, *8*(4).

     https://www.longwoods.com/content/17716/healthcare-quarterly/service-provision-

     for-seniors-challenges-for-communities-in-atlantic-canada

Estes, C. L. (2001). *Social policy & aging: A critical perspective*. Sage Publications.

Faifua, D. (2014). *The key informant technique in qualitative research*. SAGE.

     https://doi.org/10.4135/978144627305014540254

Ferede, E., & Dahlby, B. (2023). *The effect of population aging on economic growth in*

     Canada. https://hdl.handle.net/20.500.14078/3266

Foot, D. K. (1989). Public Expenditures, Population Aging and Economic Dependency in

    Canada, 1921-2021. *Population Research and Policy Review*, *8*(1), 97–117.

    https://www.jstor.org.prxy.lib.unbc.ca/stable/40230038

Foot, D. K., & Stoffman, D. (1998). *Boom, bust & echo 2000: Profiting from the*

    demographic shift in the new millennium (Rev. ed). Macfarlane Walter & Ross.

Foot, David K. & Venne, Rosemary A. (2011). The long goodbye: Age, demographics, and

    flexibility in retirement. *Canadian Studies in Population*, *38*(3–4), 59–74.

Frochen, S., & Pynoos, J. (2017). Housing for the Elderly: Addressing Gaps in Knowledge

    Through the Lens of Age-Friendly Communities. *Journal of Housing For the Elderly*,

    31(2), 160–177. https://doi.org/10.1080/02763893.2017.1309936

Gibson, A., Pope, N., Loeffler, D., Ratliff, S., & Engelhardt, E. (2022). Identifying aging

    adults' housing preferences: An Age-Friendly Initiative. *Journal of Gerontological*

    Social Work: Vol 66 , No 1, 43–63. https://www-tandfonline-

    com.prxy.lib.unbc.ca/doi/full/10.1080/01634372.2022.2113490

Glasgow, N., Berry, E. H., & Oh, E. J. V. (2013). *Rural aging in 21st century America*.

    Springer.

Glasgow, N., & Doebler, S. (2021). Policy and program challenges in delivering health and

    social care services to rural older people. In *Rural gerontology: Towards critical*

    perspectives on rural ageing. (pp. 117–128). Routledge.

Golant, S. M. (2002). *The housing problems of the future elderly population.* (p. 270). Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century.

Golant, S. M. (2015). Residential Normalcy and the Enriched Coping Repertoires of Successfully Aging Older Adults. *The Gerontologist*, *55*(1), 70–82. https://doi.org/10.1093/geront/gnu036

Golant, S. M. (2018). Explaining the ageing in place realities of older adults. In *Geographical gerontology: Perspectives, concepts, approaches* (pp. 189–202). Routledge, Taylor & Francis Group.

Government of British Columbia. (1999). *Quesnel receives $19,725 for community planning.* https://archive.news.gov.bc.ca/releases/archive/pre2001/1999/1879.asp

Government of Canada, S. C. (2024). *Population projections for Canada (2023 to 2073), Provinces and Territories (2023 to 2048)*. https://www150.statcan.gc.ca/n1/pub/91-520-x/91-520-x2024001-eng.htm

Halseth, G. (1999). "We came for the work": Situating employment migrations in B.C.'s small, resource-based, communities. *Canadian Geographer*, *43*(4), 363–381. https://www-proquest-com.prxy.lib.unbc.ca/docview/228313789/abstract/6AF7FBE207D540E5PQ/1

Halseth, G. (2005). Resource town transition: Debates after closure. *Rural Change and Sustainability: Agriculture, the Environment and Communities*, 326–342. https://doi.org/10.1079/9780851990828.0326

Halseth, G. (Ed.). (2017). *Transformation of resource towns and peripheries: Political economy perspectives*. Routledge, Taylor & Francis Group.

Halseth, G., Markey, S. P., & Ryser, L. (2019). *Service provision and rural sustainability: Infrastructure and innovation*. Routledge.

Halseth, G., & Rosenberg, M. (1995). Complexity in the rural Canadian housing landscape. *Canadian Geographer*, *39*(4), 336–352. https://www-proquest-com.prxy.lib.unbc.ca/docview/228293900/abstract/F575970D4C61404BPQ/1

Halseth, G., & Ryser, L. (2006). Trends in service delivery: Examples from rural and small town Canada, 1998 to 2005. *Journal of Rural and Community Development*, *1*(2), Article 2. https://journals.brandonu.ca/jrcd/article/view/40

Halseth, G., & Ryser, L. (2018). *Towards a political economy of resource-dependent regions*. Routledge, an imprint of the Taylor & Francis Group.

Halseth, G., & Sullivan, L. (2002). *Building community in an instant town: A social geography of Mackenzie and Tumbler Ridge, British Columbia*. UNBC Press.

Hanlon, N., & Halseth, G. (2005). The greying of resource communities in northern British Columbia: Implications for health care delivery in already-underserviced

communities. *Canadian Geographer / Le Géographe Canadien*, *49*(1), 1–24. https://doi.org/10.1111/j.0008-3658.2005.00077.x

Hanlon, N., Halseth, G., Clasby, R., & Pow, V. (2007). The place embeddedness of social care: Restructuring work and welfare in Mackenzie, BC. *Health and Place*, *13*(2), 466–481. https://doi.org/10.1016/j.healthplace.2006.05.006

Hanlon, N., & Kearns, R. (2016). Health and Rural Places. In *Routledge International Handbook of Rural Studies*. Routledge.

Hanlon, N., & Poulin, L. (2021). Rural health and ageing—Making way for a critical gerontology of rural health. In M. Skinner, R. Winterton, & Kieran Walsh (Eds.), *Rural gerontology: Towards critical perspectives on rural ageing*. Routledge.

Hanlon, N., Skinner, M., Joseph, A., Ryser, L., & Halseth, G. (2014). Place integration through efforts to support healthy aging in resource frontier communities: The role of voluntary sector leadership. *Health and Place*, *29*, 132–139. https://doi.org/10.1016/j.healthplace.2014.07.003

Hansen, S., Newbold, B. K., Scott, D. M., Vrkljan, B., Grenier, A., & Huang, K. (2021). Rural ageing and transportation—How a lack of transportation options can leave older rural populations stranded. In M. Skinner, R. Winterton, & K. Walsh (Eds.), *Rural gerontology: Towards critical perspectives on rural ageing*. Routledge.

Harper, S., & Hamblin, K. (2014). *International handbook on ageing and public policy*. Edward Elgar Publishing.

Hartt, M., & Biglieri, S. (2021). *Aging people, aging places: Experiences, opportunities, and challenges of growing older in Canada*. Policy Press.

Hash, K. M., Jurkowski, E. T., & Krout, J. A. (2015). *Aging in rural places: Policies, programs, and professional practice*. Springer Publishing Company.

Hayter, R. (2003). "The war in the woods": Post-Fordist restructuring, globalization, and the contested remapping of British Columbia's forest economy. *Annals of the Association of American Geographers*, *93*(3), 706–729. https://doi.org/10.1111/1467-8306.9303010

Hayter, R. (2007). *Flexible Crossroads: The restructuring of British Columbia's forest economy.* UBC Press. http://www.myilibrary.com?id=311184

Heley, J., & Woods, M. (2021). Rural studies of ageing. In M. Skinner, R. Winterton, & K. Walsh (Eds.), *Rural gerontology: Towards critical perspectives on rural ageing.* (pp. 29–39). Routledge.

Hennessy, C. H., & Innes, A. (2021). Social relations. Connectivity and loneliness of older rural people. In M. Skinner, R. Winterton, & K. Walsh (Eds.), *Rural gerontology: Towards critical perspectives on rural ageing.* (pp. 199–209). Routledge.

Hodge, G. (1993). *Canada's aging rural population: The role and response of local government* (1st ed). ICURR Press.

Hodge, G. (2014). *The geography of aging: Preparing Communities for the surge in seniors.* McGill-Queen's University Press.

Holzmann, R. (2013). Global pension systems and their reform: Worldwide drivers, trends and challenges. *International Social Security Review*, *66*(2), 1–29. https://doi.org/10.1111/issr.12007

Howse, T., & Breen, S.-P. (2022). Lessons in rural housing: Regional district of Kootenay boundary case study. *Journal of Rural and Community Development*, *17*(3), Article 3. https://journals.brandonu.ca/jrcd/article/view/2122

Jackson, T., Clemens, J., & Palacios, M. (2017). Canada's aging population and implications for government finances. *Fraser Institute*. https://www.fraserinstitute.org/sites/default/files/canadas-aging-population-and-implications-for-government-finances.pdf

Joseph, A. E., & Cloutier-Fisher, D. (2004). Ageing in rural communities: Vulnerable people in vulnerable places. In *Ageing and Place*. Routledge.

Joseph, A. E., & Fuller, A. (1991). Towards an integrative perspective on the housing, services and transportation implications of rural aging. *Canadian Journal on Aging*, *10*(2), 127–148. https://doi.org/10.1017/S0714980800005201

Joy, M. (2020). *The right to an age-friendly city*. McGill-Queen's University Press.

Kadowaki, L., Lalji, K., & Cohen, M. (2021). Improving community health and social services: A British Columbia case study. In *Promoting the health of older adults: The Canadian experience* (pp. 407–420). Canadian Scholars. http://public.eblib.com/choice/PublicFullRecord.aspx?p=6684802

Keating, N. C. (Ed.). (2008). *Rural ageing: A good place to grow old?*. Bristol University Press.

Keating, N., Swindle, J., & Fletcher, S. (2011). Aging in rural Canada: A retrospective and review. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, *30*(3), 323–338. https://doi.org/10.1017/S0714980811000250

King, P., & Jackson, H. (2000). *Public finance implications of population ageing*. Department of Finance.

Koff, T. H. (1992). Aging in place: Rural issues. *Generations: Journal of the American Society on Aging*, *16*(2), 53–55. https://www.jstor.org.prxy.lib.unbc.ca/stable/44877084

Kosurko, A., Skinner, M., Herron, R., Bar, R. J., Grigorovich, A., Kontos, P., & Menec, V. H. (2021). Rural gerontechnology: Arts-based insights into rural ageing and the use of technology. In *Rural gerontology: Towards critical perspectives on rural ageing.* (pp. 323–335). Routledge.

Lasswell, H., Kaplan, A., & Brunner, R. D. (2017). Power and society: A framework for
political inquiry. In *Power and Society: A Framework for Political Inquiry* (p. 295).
https://doi.org/10.4324/9781315127156

Markey, S., Halseth, G., & Manson, D. (2008). Challenging the inevitability of rural decline:
Advancing the policy of place in northern British Columbia. *Journal of Rural Studies*,
24(4), 409–421. https://doi.org/10.1016/j.jrurstud.2008.03.012

Markey, S., Halseth, G., & Manson, D. (2012). *Investing in place: Economic renewal in
Northern British Columbia*. UBC Press.

Menec, V. H., Means, R., Keating, N., Parkhurst, G., & Eales, J. (2011). Conceptualizing age-
friendly communities. *Canadian Journal on Aging / La Revue Canadienne Du
Vieillissement*, *30*(3), 479–493. https://doi.org/10.1017/S0714980811000237

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and
implementation* (Fourth edition). John Wiley & Sons.

Moore, E. G., & Pacey, M. A. (2004). Geographic dimensions of aging in Canada, 1991-
2001. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, *23
Suppl 1*, 5–21. https://doi.org/10.1353/cja.2005.0037

Morris, M., & Halseth, G. (2019). The role of housing and services in supporting healthy
ageing-in-place: Northern British Columbia, Canada. *Revista de Estudios Sobre
Despoblación y Desarrollo Rural*, *27*, 17–47. https://doi.org/10.4422/ager.2019.09

National Institute on Aging. (2007). *Why population aging matters: A global perspective*. National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services.

National Seniors Council. (2024). *Final report of the expert panel: Supporting canadians aging at home: Ensuring quality of life as we age*. Government of Canada. https://www.canada.ca/en/national-seniors-council/programs/publications-reports/aging-home.html

Office of the Seniors Advocate British Columbia. (2023). *We must do better: Home support services for B.C. seniors* (pp. 1–61). https://www.seniorsadvocatebc.ca/osa-reports/we-must-do-better-home-support-services-for-b-c-seniors/

Office of the Seniors Advocate British Columbia. (2024a). *Ageing matters: Listening to B.C. seniors* (pp. 1–32). Office of the Seniors Advocate British Columbia. https://www.seniorsadvocatebc.ca/osa-reports/ageing-matters-listening-to-b-c-seniors/

Office of the Seniors Advocate British Columbia. (2024b). *Resourceful and resilient: Challenges facing B.C.'s rural seniors* (pp. 1–41). Office of the Seniors Advocate British Columbia. https://www.seniorsadvocatebc.ca/osa-reports/resourceful-and-resilient-challenges-facing-b-c-s-rural-seniors/

Pendall, R., Goodman, L., Zhu, J., & Gold, A. (2016). *The Future of Rural Housing* (pp. 1–91). Urban Institute.

Puxty, J., Rosenberg, M. W., Carver, L., & Crow, B. (2019). *Report on housing needs of seniors* (p. 54). Federal/Provincial/Territorial Ministers responsible for seniors. https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/report-seniors-housing-needs.html

Quesnel, C. of. (2016). *Community profile*. City of Quesnel. https://www.quesnel.ca/business-services/economic-development/community-profile

Quesnel, C. of. (2019). *Official Community Plan*. City of Quesnel. https://www.quesnel.ca/city-hall/bylaws-policies/bylaws-listing/official-community-plan

Quesnel, C. of. (n.d.). *City History | Quesnel & District Museum and Archives*. https://www.quesnelmuseum.ca/local-history/city-history

Rosenberg, M., & Everitt, J. (2001). Planning for aging populations: Inside or outside the walls. *Progress in Planning*, *56*(3), 119–168. https://doi.org/10.1016/S0305-9006(01)00014-9

Rosenberg, M. W., Puxty, J., & Crow, B. (2022). *Enabling older adults to age in community* (p. 53). Federal/Provincial/Territorial Ministers responsible for seniors.

Russell, E., Skinner, M. W., & Colibaba, A. (2021a). Developing rural insights for building age-friendly communities. *Journal of Rural Studies*, *81*, 336–344. https://doi.org/10.1016/j.jrurstud.2020.10.053

Russell, E., Skinner, M. W., & Colibaba, A. (2021b). Did we expect too much of rural age-friendly initiatives? Studying the sustainability and scope of a rural canadian age-friendly program. *Journal of Rural and Community Development*, *16*(2), Article 2. https://journals.brandonu.ca/jrcd/article/view/1871

Ryser, L., & Halseth, G. (2012). Resolving mobility constraints impeding rural seniors' access to regionalized services. *Journal of Aging & Social Policy*, *24*(3), 328–344. https://doi.org/10.1080/08959420.2012.683329

Ryser, L., Halseth, G., Markey, S., Hanlon, N., & Skinner, M. (2021). Rural community development in an era of population ageing. In *Rural gerontology: Towards critical perspectives on rural ageing.* (pp. 152–163). Routledge.

Ryser, L. M., & Halseth, G. (2013). So you're thinking about a retirement industry? Economic and community development lessons from resource towns in northern British Columbia. *Community Development*, *44*(1), 83–96. https://doi.org/10.1080/15575330.2012.680476

Ryser, L., Markey, S., Manson, D., & Halseth, G. (2014). From boom and bust to regional waves: Development patterns in the Peace River region, British Columbia. *Journal of Rural and Community Development*, *9*(1), Article 1. https://journals.brandonu.ca/jrcd/article/view/837/185

Schiff, R., & Møller, H. (2021). *Health and health care in northern Canada*. University of Toronto Press.

https://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlab

k&AN=2968771

Skinner, M., Joseph, A., Hanlon, N., Halseth, G., & Ryser, L. (2014). Growing old in

resource communities: Exploring the links among voluntarism, aging, and community

development. *The Canadian Geographer / Le Géographe Canadien*, *58*(4), 418–428.

https://doi.org/10.1111/cag.12087

Skinner, M. W., Andrews, G. J., & Cutchin, M. P. (2018). *Geographical gerontology:*

Perspectives, concepts, approaches. Routledge, Taylor & Francis Group.

Skinner, M. W., & Hanlon, N. (2016). *Ageing resource communities: New frontiers of rural*

population change, community development and voluntarism. Routledge.

Skinner, M. W., Rosenberg, M. W., Lovell, S. A., Dunn, J. R., Everitt, J. C., Hanlon, N., &

Rathwell, T. A. (2008). Services for seniors in small-town Canada: The paradox of

community. *Canadian Journal of Nursing Research Archive*, 80–102.

https://cjnr.archive.mcgill.ca/article/view/2109

Skinner, M. W., & Winterton, R. (2018). Rural ageing: Contested spaces, dynamic places. In

Geographical gerontology: Perspectives, concepts, approaches (pp. 136–148).

Routledge.

Skinner, M., Winterton, R., & Walsh, K. (2021). *Rural gerontology: Towards critical*

perspectives on rural ageing. Routledge.

Skinner M.W., Cloutier D., & Andrews G.J. (2015). Geographies of ageing: Progress and

    possibilities after two decades of change. *Progress in Human Geography*, *39*(6), 776–

    799. https://doi.org/10.1177/0309132514558444

Statistics Canada. (2022a). *Population projections for Canada, Provinces and Territories,*

    2021 to 2068, 2022. Government of Canada. https://www150.statcan.gc.ca/n1/daily-

    quotidien/220822/dq220822b-eng.htm

Statistics Canada. (2022b). *Profile table, census profile, 2021 census of population—Quesnel*

    [census agglomeration], British Columbia. https://www12.statcan.gc.ca/census-

    recensement/2021/dp-pd/prof/index.cfm?Lang=E

Statistics Canada. (2022c, August 22). *Population projections for Canada, Provinces and*

    Territories: Interactive dashboard. https://www150.statcan.gc.ca/n1/pub/71-607-

    x/71-607-x2022015-eng.htm

Stone, R. I. (2016). Successful aging in community: The role of housing, services, and

    community integration. *Generations Journal*, *40*(4), 67–73.

Sullivan, L. M. (2003). *The geography of community crisis: A case of Tumbler Ridge, British*

    Columbia. University of Northern British Columbia.

    https://doi.org/10.24124/2003/bpgub241

Sullivan, L., Ryser, L., & Halseth, G. (2014). Recognizing change, recognizing rural: The

    new rural economy and towards a new model of rural service. *Journal of Rural and*

Community Development, *9*(4), Article 4.

> https://journals.brandonu.ca/jrcd/article/view/1188

Thibauld, M., & Garon, S. (Eds.). (2016). *Age-friendly cities and communities in*

> *international comparison—Political lessons, scientific avenues, and democratic*

> *issues.* (Vol. 14). Springer.

Uhlenberg, P. (2013). Demography is not destiny: The challenges and opportunities of global

> population aging. *Generations*, *37*(1), 12–18.

United Nations (Ed.). (2007). *World population ageing, 2007*. United Nations.

United Nations, D. of E. and S. A. (2022). *World population prospects 2022: Summary of*

> *results | Population division*.

> https://www.un.org/development/desa/pd/content/World-Population-Prospects-2022

United Nations, D. of E. and S. A. (2023). *World social report 2023: Leaving no one behind*

> *in an ageing world*. United Nations. https://doi.org/10.18356/9789210019682

Whalen, A. (2021). Aging in place in rural Canada: A policy analysis of aging in place across

> Canada. *MPA Major Research Papers*, 1–61. https://ir.lib.uwo.ca/lgp-mrps/223

Willig, C., & Rogers, W. S. (Eds.). (2017). *The SAGE handbook of Qualitative research in*

> *Psychology*. SAGE.

Williston, E., & Keller, B. (1997). *Forests, power and policy: The legacy of Ray Williston*.

> Caitlin Press.

Wister, A., & McPherson, B. D. (2024). *Aging as a social process: Canada and beyond* (Eighth Edition). Oxford University Press.

Woods, M. (2010). *Rural*. Routledge.

World Health Organization. (2002). *Active ageing: A policy framework* (WHO/NMH/NPH/02.8). World Health Organization. https://iris.who.int/handle/10665/67215

World Health Organization. (2007). *Global age-friendly cities: A guide*. World Health Organization. https://iris.who.int/handle/10665/43755

World Health Organization (Ed.). (2015). *World report on ageing and health*. World Health Organization. https://www.who.int/publications/i/item/9789241565042

World Health Organization. (2023a). *National programmes for age-friendly cities and communities: A guide*. World Health Organization. https://www.who.int/publications/i/item/9789240068698

World Health Organization. (2023b). *World health statistics 2023: Monitoring health for the SDGs, sustainable development goals*. https://www.who.int/publications/i/item/9789240074323

World Health Organization. (2024). *Long-term care for older people: Package for universal health coverage*. World Health Organization. https://iris.who.int/handle/10665/376585

Wyndham-West, C. M., & Dunn, J. R. (2024). Housing instability and policy considerations

    for equitable aging in place in Canada. *Canadian Journal on Aging / La Revue*

    Canadienne Du Vieillissement, 1–11. https://doi.org/10.1017/S0714980824000205

Yin, R. K. (2012). *Applications of case study research* (3th ed.). SAGE Publications.

Yin, R. K. (2014). *Case study research: Design and methods* (5 edition). SAGE.

Yin, R. K., & Campbell, D. T. (2018). *Case study research and applications: Design and*

    methods (Sixth edition). SAGE Publications, Inc.

    https://app.talis.com/textbooks/9781506336152

Appendix A – Research Ethics Board Letter of Approval

UNBC UNIVERSITY OF
NORTHERN BRITISH COLUMBIA

November 20, 2023

Dr. Greg Halseth (Principal Investigator)
Mr. Davi Florencio de Lima (Principal Applicant)
c/o University of Northern British Columbia
Faculty of Environment\Geography, Earth and Environmental Sciences

Dear Dr. Halseth & Mr. Florencio,
File No: 6009235
Project Title: Public policies to support population aging in a small resource-based community in
northern British Columbia.
Approval Date: November 20, 2023
Expiry Date: November 19, 2024

Thank you for submitting the above-noted proposal revisions to the Research Ethics Board ("REB").
Your project has been approved.

Friendly Suggestion re: revisions to the recruitment poster: Under "Important" it states:
Participation is voluntary and all information provided will be kept confidential. You participation is
voluntary, if you do participate, you can also withdraw at any time. These two sentences are
repetitive and also have a typo (you = your). Please adjust for clarity before sharing with the public.

We are pleased to issue approval for a period of twelve months from the date of this letter. To
continue your proposed research beyond November 19, 2024, you must submit a Renewal Form
prior to that date. If your research has been completed before a Renewal Form is due, please submit
a Final Report Form in order to close the REB file.

Throughout the duration of this REB approval, all requests for modifications, renewals and serious
adverse event reports must be submitted to the REB via the Romeo Research Portal. If you encounter
any issues when working in the Research Portal, please contact our system administrator by email to
researchportal@unbc.ca.

Please refer to the Chair Bulletins found on the REB webpage for updates on in-person interactions
with participants during the COVID-19 pandemic. If questions remain, please do not hesitate to email
reb@unbc.ca.

Good luck with your research.
Sincerely,

Susan Burke

Dr. Susan Burke   Vice- Chair, Research Ethics Board

Appendix B – Key Informant Interview Guide

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Public Policies to Support Population Aging in a Small Resource-Based Community in Quesnel, British Columbia

Key Informant Interview Guide

Informant Name: _____ Position: _____

Contact information: _____

Interviewer: _____ Date: _____

Interview Time: Start_____ Finish _____

NOTES: _____

Background and Involvement

Can you please describe how you may have been involved with seniors' issues or needs in Quesnel?

Housing Services for the Aging Population

What do you think are the key housing issues for the ageing population in Quesnel?

What is working well with housing to support the ageing population in Quesnel?

What is not working well with housing to support the ageing population in Quesnel?

What do you think are the key gaps in housing and housing supports in Quesnel that need to be prioritized?

Any programs/services that are especially helpful?

Any barriers to accessing housing?

Is anything specific needed from the city?

Is anything specific needed from the province?

Health Care Policies for the Aging Population

What do you think are the key health or care issues for the ageing population in Quesnel?

What is working well with providing health or care services to support the ageing population in Quesnel?

What is not working well with providing health or care services to support the ageing population in Quesnel?

What do you think are the key gaps in providing health or care services in Quesnel that need to be prioritized?

Any programs/services that are especially helpful?

Any specific barriers?

Is anything specific needed from the city?

Is anything specific needed from the province?

Impact and Effectiveness of Age-Friendly

List the issues on the age friendly framework.
- Transportation and mobility
- Social participation and inclusion
- Communication and information
- Outdoor spaces

How well do you think Quesnel is doing with respect to …."

In your opinion, what has been the most age-friendly initiative?

Inclusion and Participation

What is being done to ensure that the voices of the older population are heard and considered in shaping housing and health or care provision for seniors in Quesnel?

Do you know of any activities or programs in the community that promote the active involvement and engagement of older residents:
      -in the community
      -in discussions about seniors' needs.

Lessons Learned and Future

Based on your experience:

What are some of the most important things that Quesnel should keep doing to keep the town age friendly?

What are some of the most important next steps to help make Quesnel even more age friendly?

Are there any other people in the community that you think I should talk with about this?

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Public Policies to Support Population Aging in Quesnel, British Columbia

Focus Group Guide

Participants   'names:

_____

_____

_____

_____

_____

_____

Moderator: _____   Date: _____

Focus Group Time: Start_____ Finish _____

NOTES:

Creating an Age-Friendly City/Community

1. What do you think helps to create an age-friendly community?

Reviewing Key Informant Findings and Designing Effective Public Policies

<u>**Housing**</u>

2. After interviewing some key informants in Quesnel, they listed some housing issues impacting older residents, as you can see in the handout. Are these the main issues for you? How would you describe your experiences with housing supports?

3. What are some of the specific challenges or barriers you've faced with housing support?

4. In your opinion, what are the key priorities that housing support should address in relation to the older population?

Health

5. Following the findings of the key informants, do the health issues in the handout reflect your experience? What do you think?

6. What are some of the challenges or barriers you've faced with health support?

7. In your opinion, what are the key priorities that health support should address in relation to the older population?

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Information Letter / Consent Form Focus Group

Public Policies to Support Population Aging in a Small Resource-Based Community in Northern British Columbia

Davi Florencio de Lima (Master's Student)
Natural Resources and Environmental Studies
University of Northern British Columbia, 3333 University Way
Prince George, BC V2N 4Z9
Email: florencio@unbc.ca
Tel: (236) 550-4076

Greg Halseth (Professor Supervisor)
Geography / Natural Resources and Environmental Studies
University of Northern British Columbia, 3333 University Way
Prince George, BC V2N 4Z9
Email: greg.halseth@unbc.ca
Tel: (250) 960-5826

This research is part of the thesis and academic requirements for the Master of Natural Resources and Environmental Studies degree at UNBC.

Purpose of Project and Invitation - Population aging since the second half of the 20th Century has prompted policies to support the service needs of seniors. This study examines supports that address the older population's needs while investigating their effectiveness in fostering sustainability in a small community in northern British Columbia. The research explores seniors' impressions and insights into housing and healthcare services.

To understand these supports and their impact on the daily lives of the older population in Quesnel, I would like to invite you to be part of this focus group.

The criteria for selection of the focus group participants were as follows.

- Resident of Quesnel, BC.

- Be over 65 years of age.

Voluntary Participation - Participation in this study is entirely voluntary and, as such, focus group participants may choose not to participate. Participants may also choose not to answer any questions that make them uncomfortable, and they have the right to end their participation at any time and have all the information they provided withdrawn from the study and destroyed.

Study Procedures - If you decide to take part in this focus group, you will discuss questions about housing and health services. The discussion will be based on your knowledge and experiences. You are not obligated to answer all questions. The focus group should last 1 ½ hours and will be audio recorded.

Potential Risks and Benefits - This project has been assessed our university's research ethics process. The project team does not consider there to be any risks to participation. The participants will be seniors and people with knowledge of local supports. The questions are about your daily experiences. The names of participants will not be used in any reporting, nor will any information be used which may identify individuals. I hope that by participating you will have the chance to share your experiences and shed light on the impact of supports on the daily lives of the older population.

Anonymity and Confidentiality -The names of participants will not be used in any reporting, nor will any information which may be used to identify individuals. The information will be kept until the final project report is completed in December 2024. After that date, shredding and file erasure will destroy all information related to the focus group. All information shared in this focus group will be held within strict confidence by the researchers. All electronic data will be managed, encrypted, and securely stored on password protected computers and will be accessible only to the research team. Our research team consists of:

Davi Florencio de Lima (UNBC)

Greg Halseth (UNBC)

As this research involves a focus group, we encourage participants not to discuss focus group content with people outside the group; however, we cannot control what participants do with the information discussed.

Study Results - The final project report will be distributed to all participants via email. The results from this research will be reported in a graduate thesis and may also be published in journal articles and books.

Questions - In case of any questions that may arise from this research, please feel free to contact Davi Florencio de Lima (236-550-4076; florencio@unbc.ca) or my supervisor Greg Halseth (250-960-5826; greg.halseth@unbc.ca).

Complaints - Any complaints about this project should be directed to the Office of Research, UNBC (250) 960-6735, or email: reb@unbc.ca.

Consent and Signature - Taking part in this study is entirely up to you. You have the right to decline to participate. If you decide to take part, you may choose to withdraw from the study at any time without giving a reason and without any negative impact for you.

•Your signature below indicates that you have received a copy of this consent form for your own records.

•Your signature indicates that you consent to participate in this study and to the audio recording.

(Name -please print)   (Signature)   (Date)
_____

(Researcher's Name)   (Signature)   (Date)
_____

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Information Letter / Consent Form Key Informant Interview

Public Policies to Support Population Aging in a Small Resource-Based Community in Northern British Columbia

Davi Florencio de Lima (Master's Student)
Natural Resources and Environmental Studies
University of Northern British Columbia, 3333 University Way
Prince George, BC V2N 4Z9
Email: florencio@unbc.ca
Tel: (236) 550-4076

Greg Halseth (Professor Supervisor)
Geography / Natural Resources and Environmental Studies
University of Northern British Columbia, 3333 University Way
Prince George, BC V2N 4Z9
Email: greg.halseth@unbc.ca
Tel: (250) 960-5826

This research is part of the thesis and academic requirements for the degree of Master of Natural Resources and Environmental Studies [NRES] at UNBC.

<u>Purpose of Project and Invitation</u> - Population aging since the second half of the 20th century has prompted public policies to support the diverse services and needs of seniors. This study aims to examine policies and programs that address the aging population's needs while investigating their effectiveness in fostering the development and sustainability of a small resource-based community in Quesnel, British Columbia. The research seeks to explore seniors' impressions and gain insights into policies within the age-friendly city/community framework, with a specific focus on housing and healthcare services.

To understand these policies and their impact on the daily lives of the aging population in Quesnel, I would like to invite you to be part of this.

The criteria for selection of interview participants were as follows.

- Residents of Quesnel, BC;

- Use or have used a policy or program that falls under the age-friendly framework, specifically related to housing or health.

Voluntary Participation - Participation in this study is entirely voluntary and, as such, interviewees may choose not to participate. Interviewees may also choose not to answer any questions that make them uncomfortable, and they have the right to end their participation in the interview at any time and have all the information they provided withdrawn from the study and destroyed. As it is a voluntary participation, the participant can request the withdrawal of the data provided until the time of the final research report.

Study Procedures - If you decide to take part in this interview, you will answer questions about public policies on housing and health services. The answers to these questions will be based on your knowledge and experiences. You are not obligated to answer all questions. The key informant interview should last 1 hour and will be audio recorded for later transcription. After transcription, a summary of key themes from the interview will be presented to you for any edits or corrections to be provided back to the research team.

Potential Risks and Benefits - This project has been assessed by our university research ethics process. The project team does not consider there to be any risks to participation. The participants will be seniors and people with knowledge of public policies. The questions are about your experiences thoughts about programs or policies. The names of participants will not be used in any reporting, nor will any information be used which may identify individuals. I hope that by participating you will have the chance to share your experiences and shed light on the real impact of the policy on the daily lives of the senior population in Quesnel.

Anonymity And Confidentiality -The names of participants will not be used in any reporting, nor will any information which may be used to identify individuals. All information shared in this interview will be held within strict confidence by the researchers. All electronic data will be managed, encrypted, and securely stored on password protected computers and will be accessible only to the research team. Our research team consists of:

Greg Halseth (UNBC),

Davi Florencio de Lima (UNBC)

The information will be kept until the final project report is completed in September 2024. After that date, shredding and file erasure will destroy all information related to the interview.

Study Results - The final project report will be distributed to all participants via email. The results from this research will be reported in a graduate thesis and may also be published in journal articles and books.

Questions - In case of any questions, please feel free to contact Davi Florencio de Lima (236-550-4076; florencio@unbc.ca) or my supervisor Greg Halseth (250-960-5826; greg.halseth@unbc.ca).

Complaints - Any complaints about this project should be directed to the Office of Research, UNBC (250) 960-6735, or email: reb@unbc.ca.

Consent and Signature - Taking part in this study is entirely up to you. You have the right to decline to participate. If you decide to take part, you may choose to withdraw from the study until the time of the final research report, without any negative impact for you.

- Your signature below indicates that you have received a copy of this form for your own records.
- Your signature indicates that you had the opportunity to ask questions about your participation prior to consent.
- Your signature indicates that you consent to participate in this study.
- Your signature indicates that you consent to the audio recording.

(Name -please print)   (Signature)   (Date)
_____

(Research's Name)   (Signature)   (Date)
_____

Appendix F – Tri-Council Certificate

PANEL ON
RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE 2022

Certificate of Completion

This document certifies that

Davi Florencio de Lima

successfully completed the Course on Research Ethics based on
the Tri-Council Policy Statement: Ethical Conduct for Research
Involving Humans (TCPS 2: CORE 2022)

Certificate # 0000943690   22 August, 2023