Disability, Housing and Transportation Forum

VANCOUVER SITE REPORT
DECEMBER 3RD, 2018

BASED ON NOTES BY: ALEXIS HAIG, JOE HUMPHRIES, LAURA KADOWAKI, SHARON KOEHN, EMILY LONSDALE & ANDREA SARA

Prepared by Laura Kadowaki & Sharon Koehn

On December 3rd, 2018, a diverse group of 25 stakeholders attended the Disability, Housing and Transportation Forum hosted by the Lived Experiences research team in Vancouver. This forum used the photovoice exhibit, *The Lived Experience of Aging Immigrants*, to springboard facilitated discussions on the topics of disability, housing, and transportation in relation to immigrant older adults. Click here to view an online version of the exhibit.

This forum is funded by grants from Michael Smith Foundation for Health Research (Reach 2017, PI, Sharon Koehn) and the Social Sciences and Humanities Research Council (Connection 2018, PI, Shari Brotman). It is one of a series of forums to be held across four metropolitan centres (Greater Vancouver, Calgary, Montreal, and Quebec City). Following completion of all of the forums, a consolidated project report will be released.

The forum was organized in partnership with the Canadian Centre for Elder Law and benefitted considerably from the wisdom of Executive Director, Krista James, who also kick-started our discussions with an insightful presentation. MOSAIC kindly provided the space in which the forum took place.

This site report for the Vancouver *Disability, Housing and Transportation Forum* summarizes the key themes and ideas that were discussed during the forum for each theme (disability, housing, and transportation) and the final concluding discussion that occurred at the end of the forum. Discussion of the individual themes occurred as a part of World Café style discussions, where small groups of 5-6 people discussed each theme. The concluding discussion at the end of the forum consisted of a larger group discussion.

Please note that the opinions contained in this report do not necessarily reflect those of the research team or all participants in attendance, but rather reflect faithfully the diversity of opinions and comments made by all of our participants.

Silos exist between disability, aging, and immigrant services. Services fail to apply an intersectionality lens to the needs of immigrant older adults. Older immigrants often are forced to conform to a certain category of service needs. Resources and services should treat the whole person and respect them as an individual.

- Services are siloed: language, disability, and aging services are treated as silos. Systems and institutions try to categorize older immigrants and fail to treat the "whole" person.
- Older immigrants "get in trouble" when they "switch categories". Resources are fragmented resulting in a fragmented continuum of resources, services, and overall care. Older immigrants feel tricked in some cases when switching categories. For example, older immigrants may apply for early disability benefits but then may not get specific subsidies or coverage for "aging" or "older adult" needs (e.g., not getting hearing aids covered).
- Even among agencies that provide services for older immigrants, the application of an intersectional lens is inconsistent. Examples were given of service gaps existing for populations such as deaf older immigrants and LGBTQ older immigrants. In response, new expertise and resources are needed across sectors. Stakeholders with experience in relation to older immigrants' multiple identities are needed.
- Silos also exist between different levels of government. For older immigrants, it's hard to understand which level of government "deals with what" and dealing with fragmented services can lead to feelings of isolation.
- For older immigrants, many services reflect 'ability' rather than age, including the services and supports to which they are entitled. These services and supports should be about individual-differences (i.e., what an individual needs in terms of supports and services).
- How do we make resilient and accessible communities? Communities typically reflect what someone is able to do. We need to be more aware of aging AND disability. Trying to put people into categories (i.e., disability vs. age) is the biggest mistake services and government make.

Language can be a significant barrier for immigrant older adults and exists as a barrier across services and government systems

- Language barriers exist across all service and health care systems. For example, the health care of a Deaf person in extended care will be impacted when no staff are trained in American Sign Language (ASL) and there are no other residents using ASL either. These

problems are further compounded by intersections of identity, e.g., if the older immigrant does not speak ASL but rather another sign language.

- When people receive a diagnosis of a disability, they are overwhelmed by the challenges of continuing to function; this experience is further compounded by language barriers.
- Medical appointments do not account for the extra time needed if older immigrants need an interpreter for the appointment. Medical appointments are already short (people need more than 7 minutes per appointment), but with language barriers older immigrants receive even less time for care during their medical appointment.

Service providers lack understanding of the needs of immigrant older adults.
- Canada currently has different immigration patterns than in the past, and there are more immigrants that do not speak English; some immigrants are illiterate in their own language, but they are expected to learn and become fluent in English. Older immigrants need to be comfortable with who they are being sent to for services and what resources they are being given. Health and service agencies need to recognize the perspectives and needs of different immigrant communities that reflect these new immigration patterns, and the differences that exist within these communities.

- Without the ability to speak the official languages of Canada, immigrant older adults can be viewed as 'having a disability' because of the intersections of their ability to communicate and navigate through the health care sector. Stakeholders and service providers could be misinterpreting their disability context.
- Although individuals may show resilience and strength throughout their lives, there may be unintended consequences from the trauma they have endured and the accessibility within their own community. In many cases, PTSD goes unrecognized.
- The accessibility of community supports is limited by the lack of ethnolinguistic congruity with these older immigrants, and the increased burden of disability/chronic conditions further diminishes their options.

Both institutional and individual biases can negatively impact the care provided to immigrant older adults.
- Racism and ageism on the part of medical gatekeepers plays a role in limiting access; physicians and others do not always refer older adults, especially immigrants, to services, screening, etc., if they negatively assess the likelihood of them using or benefitting from it.

- Billing practices motivate doctors to see, for example, 20+ able-bodied persons as they can bill more if they see more easier cases. This is discriminatory for older immigrants with disabilities. A combination of language barriers and more complex health needs as a result of living with a disability can present barriers for immigrant older adults. A lot of older immigrants do not have a family doctor (service agencies call but the doctor won't take the

older immigrant). Appointments are scheduled for a short amount of time per visit (not enough) and the system is not designed to help with "complex cases".

Living with a disability can present barriers to immigrant older adults connecting with their community.

- We need to help older immigrants become connected to their communities. People live in communities by relying on their own resilience. Older immigrants find creative ways to live in their communities (e.g., Divine in the exhibit).
- Living with a disability can make it harder to connect within one's community. Barriers exist within home care, translation services, transportation, etc.
- Community environments create further difficulties to connecting to community (e.g., poor sidewalks, short crosswalk times, poorly marked sidewalks, etc.). However, there are ways cities can be creative and mitigate physical barriers such as street crossings. For example, on the Burrard Bridge, there are cameras strategically set up at the intersection before the bridge to determine when cars or bicycles may go, which minimizes conflicts between cyclists and vehicles. This reflects a deeper culture change that we can also implement for older immigrants living with a disability to make their communities more accessible

Assumptions are often made about the willingness and ability of families to support immigrant older adults.

- We often assume that immigrant families take care of immigrant older adults, but the exhibit revealed considerable fragmentation (and hence lack of familial support) due to geographic separation of families as well as intergenerational differences within families.
- When immigrant families do assume the responsibility of care, they often experience caregiver burnout because they often take on too much based on cultural norms and a lack of understanding of and access to services available such as respite care.

Additional Comments
- Adult day centres need more support. They provide safe spaces to socialize and receive informational support; there is nothing else in communities like this resource
- Participants observed that the many of immigrants featured in the portraits either lived with a disability or chronic conditions or provided care for someone who did.
- Participants identified that this population is more vulnerable due to challenges they experienced with access to supports and services that in turn led to the faster progression and increased burden of disability/chronic conditions.
- Resources and services need to be decided on a case by case basis. A concern mentioned was that some people hide their income. Institutions and government need to make sure those that need particular supplements, services, and benefits receive them.

Systems and service providers need to hear and learn from the voices of the people they are serving and include them in planning solutions.

- "Fixing" the system entails inclusion of the voices of people with lived experiences of its utilization; we need to learn from clients about what they need and pay them for their time and expertise.
- The importance of hearing and sharing stories, such as those depicted in the photovoice exhibit, must be underscored. They help us to understand the implications of system-level decisions and policies. They also can be used to help facilitate connections and understanding between members of communities and neighbourhoods.
- Government needs to pay increased attention to the needs of older adults and to remember they are an important voting group.
- Dialogues should be facilitated across sectors and levels of government on the issue of older immigrants and disability. This would involve coming up with an action plan involving everyone (including persons with disabilities and older adults with disabilities).
- Concrete guidelines and solutions should include people that are a part of these communities and speak the language. It needs to be recognized, however, that there is mistrust and a lack of rapport among several immigrant communities.
- Active inclusion of immigrant older adults is key; simply having translations of materials available to older immigrants is the bare minimum effort to supporting these individuals. Even when translations are printed, follow-up with individuals and immigrant serving organizations about the translations is needed.
- It is important to build partnerships with individuals and organizations that have relationships with different immigrant communities already.

Immigrant older adults need support to navigate government systems and access services.

- One solution could be the employment of case managers who are also cultural navigators (we need to break down the silos and not just have cultural navigators who are not integrated into the health care system as a whole).
- Older immigrants need tools and supports to help them navigate health care systems. For example, there are Aboriginal patient navigators and a similar initiative could be used for older immigrants. This would help not only the patient but also service providers (e.g., cultural navigator can facilitate communication between the medical team and patient saving time and effort). If such factors are not taken into consideration, the patient may be misdiagnosed due to cultural and language differences.

Public services need to examine and identify the barriers they create for immigrants. Staff need to be provided with the education and training required to support immigrants.

- "The system is broken": Health Authorities need to assess the barriers to access within their programs, e.g. the struggle to establish eligibility for home care; these difficulties are exacerbated by language barriers faced by older immigrants.
- Frontline workers (e.g. BC Housing, shelter workers, and others direct service providers) provide an important bridging function between decision makers in Health Authorities and other policy makers and older clients, including immigrants. Frontline workers should be consulted about the clients' needs, on which they are often well-versed. However, they also need additional training on health care processes and how the system works to be even more effective as bridging resources for their clients.
- Workers at the Ministry of Social Development used to have to take empathy tests, but these have been discarded; as a result, they are experiencing higher staff turnover, because those not suitable (who were previously screened out by low empathy scores) burn out quickly. Staff also experience aggression directed towards them because the Ministry offices are very unwelcoming. People must line up outside for benefits, which exposes them to the effects of shame and often culminates in anger.
- In addition to patient navigators, cultural competency training should be compulsory. Trauma informed practice should also be integrated into staff training

The importance of mental health services for immigrant older adults was emphasized.

- There are very lengthy waits for older adult mental health assessments.
- There is a lack of education available for persons with disabilities and their families about the services offered. For immigrant older adults, there also needs to be education around mental health conditions, which are often poorly understood and hence left untreated.
  - Many people live with PTSD because they don't know that it can be treated. Others do not recognize its ongoing impact on the individual's physical and mental health and well-being after the trauma was experienced. Both have an impact on the perceptions of the person with PTSD regarding what constitutes a 'safe space'.
- Our society often fails to recognize links between physical and mental health, which are treated in distinct silos.

The language used to address topics such as illness, disability and aging needs to be discussed.

- We need to pay attention to the definition of illness vs. disability – they fall into different silos even though people with either may share similar struggles. There is a "hierarchy of disability" that is imposed by the system and how it recognizes and provides supports for different conditions.

- Systems need to continue changing the language when referring to aging and disability (e.g. "aging with a disability"). This also involves getting insight/ recommendations from the people the resources and services directly affect.

Additional Comments

- In order to address many of these challenges we need informed, empirical research
- HandyDART is a transportation option, but the majority of trips made by clients (2/3) are for medical appointments and require more of the drivers than they are trained to provide. There is no support from the health care system. This is an example of offloading health onto other services. HandyDART was originally created to satisfy the social needs of persons with disabilities etc. and was complimented by a separate transportation service for dialysis support. That was then shifted to Better at Home, but now these services are also limited. Some would like to volunteer as drivers, but insurance complications prevent/dissuade them.
- The health care system has to change how physicians are allowed to bill for services.
- Idea: train home support workers from different cultural backgrounds to assist with health care services for older immigrants.
- Urban centres are most likely to contain community services/resources and accessible transportation is more likely to be developed in these areas. Right now, there is a gap between younger people and older adults living in these areas. There needs to be a focus on community development so older adults can move within their community, have safe and accessible neighbourhoods, and a sense of community.
- Long term disability and mental health supports are at the background of services for older immigrants.
- There is an issue between private and public health care in the province. In private long-term care facilities, care is profit-motivated and treated as a small business. Many times, they do not have access to interpretation services. Staff have to manage the best they can and "figure things out" for themselves. For many older immigrants and their family, under private care systems, their concern is "will I receive good care?" We need facilities that provide holistic care and providers need to focus on the overall well-being of the older immigrant rather than just the medical side of their disability. However, low staffing ratios are an issue both in the private and public sectors (e.g., residents are left on toilets or in other precarious circumstances that lead to feelings of embarrassment, lack of decency).

QUESTION 1. WHAT ARE YOUR IMPRESSIONS ABOUT HOUSING IN RELATION TO IMMIGRANT OLDER ADULTS BASED ON VIEWING THIS EXHIBIT?

There is a lack of affordable housing in Canada.
- There a housing crisis in BC. There are shortages of housing for people who are low-income, have a disability, etc. There is limited affordable housing besides what is offered through BC Housing, and BC Housing usually has waitlists of 3-4 years.
- Why is government not addressing the housing crisis? Nobody is addressing the issue of affordable housing in Canada. Other countries in Europe (e.g., Germany) are doing much more to address this issue.

Housing is an issue that is interconnected with other services and issues (e.g., transportation, community services, etc.) and these issues cannot be addressed in isolation. Good housing is affordable, accessible, and allows older adults to age in place.
- Housing is often seen as entity of itself, and separate from other services such as transportation, medical care, etc., rather than being closely interrelated with them.
- There are difficulties due to the lack of subsidized or purpose-built housing near accessible transit and community services.
- Affordability, access to transit, proximity to community supports (e.g., community organizations, health services), and proximity to their community (ethnic/cultural) are key housing concerns for immigrant older adults.
- There is a lack of systemic recognition for the housing needs of older immigrant seniors. The access, affordability, and aging in place domains are not seen as overlapping/interactive and housing options often check one but not multiple needs.
- Aging in place is not just about aging in your own home, but also about aging in your community. It is important to be able to maintain connections to family, neighbours, and community. A neighbourhood can be part of your identity and changing neighbourhoods can challenge an individual's identity.
- More co-housing/multi-generational housing options should be created which include shared language, community promotion, and services such as childcare and health clinics.

Navigating the systems required to access housing is challenging for all older adults, but there are additional challenges faced by immigrant older adults.
- The housing challenges that exist in Canada can come as a surprise to some immigrants.

- Navigating the housing market as a newcomer/older immigrant presents additional challenges (e.g., language barriers, family/organizational dependency, paperwork, accessing services/supports, finances, etc.) on top of the baseline housing security issues in Vancouver.
- The bureaucracy involved with obtaining housing can create challenges for immigrant older adults. For example, challenges may be encountered if there are discrepancies in paperwork from their home country compared to their new country (e.g., age listed on documents from home country different than Canadian documents).

Language barriers add an additional layer of challenges for immigrant older adults seeking housing. Most organizations cannot afford to provide translation and interpretation services.
- Learning English is challenging and takes time. Often there is an unfair expectation that once an immigrant is in Canada they should know perfect English.
- Language barriers provide challenges for in-person and written process components of navigating the housing system. There are limited supports/funding available to offer translation supports for older adults facing housing issues. Government supports are few in this area, therefore the reliance on volunteers is high (subsequent burnout a concern as well).
- Housing challenges, service gaps, and isolation are all linked to communication barriers faced by older adult immigrants. For example, an older immigrant might experience an "all-of-a-sudden" eviction if they had no verbal or written competency to understand prior communication and resolve issues

There is a need for service providers to learn about and better understand the needs of immigrant older adults and how to provide services to them. It is important to recognize that older immigrants are a heterogenous group and each have their own individual needs.
- There is a lack of cultural understanding among service providers about how to provide services to immigrant older adults.
- We need to respect immigrants as individuals and not define them as just their ethnic group or the language they speak.
- There are different housing and support challenges that exist for different pathways of immigration vs. sponsorship or refugee status. Contemporary immigrants are facing more issues compounded by the circumstances they fled. Some older immigrants are leaving with the clothes on their backs and nothing else – it is hard to prepare for immigration in this context.

Family and non-profit organizations play a key role in addressing the housing needs of immigrant older adults.
- Specific non-profits or organizations (e.g., faith-based groups/institutions) play a major role in attending to the housing needs of vulnerable groups like older immigrants.

- The burden often is placed on children to support immigrant older adults, so housing can be a particularly challenging issue for older adults who do not have any family support.
- Family or organizational dependency can occur as a result of relying solely on specific individuals or groups to secure housing.

Housing security can be a challenge for immigrant older adults, particularly due to tenuous financial situations. Immigrant older adults may be unable to access income supports and funding in Canada, which can create a forced dependency on family members.

- Recent immigrants may be ineligible to access federal funding and other financial supports including SAFER (Shelter Aid For Elderly Renters) in BC.
- Sponsored immigrants are not eligible for government income benefits which creates a forced reliance on family and can lead to the possibilities of abuse and conflict. Sponsored immigrants usually do not have housing options they can access if they want to leave a bad family situation, and often do not have the option of working to support themselves either.

- Housing security concerns may be due to limited finances or lack of stability experienced by older immigrants (i.e., difficult securing work/steady income; disability-related limitations) Affordability was noted as a driver of change: Some older immigrants may have to move more than once to remain close to family forced to move for financial reasons. As a result, older immigrants may experience a lack of permanence/sense of security.

Tensions can arise between immigrant older adults and their families due to intergenerational value conflicts.

- Intergenerational conflicts can occur between different generations of immigrant families over who should be supporting who and what support should be provided.
- In some cases, immigrant older adults may feel the obligation to help out their children at their own expense due to traditional/cultural expectations and values. The example was given of an older immigrant living in poor quality housing and giving money for their grandchildren's education rather than paying for better housing for themselves.

More services are needed to support older adults at risk of homelessness.

- Older adults who are at-risk of homelessness have unique needs, but housing/homelessness services tend to be focused on other populations. There are no shelters specifically for older adults and shelters do not have supports for disability needs. There need to be preventative services targeted at older adults (including immigrant older adults).
- Progressive housing services that offer temporary housing and services for at risk older adult populations such as those offered by the Seniors Services Society should be expanded.

Additional Comments

- Housing related stress (e.g., stress of trying to find housing, pay rent, etc.) can negatively impact older adults' physical and mental health.
- Government and policy-makers think in terms of dollars, how do we get them to see how housing issues relate to the costs of the health care system?
- Stigma surrounding affordable housing/social housing is an issue facing both those needing the service and communities at large – onus is on public educators and builders to promote community and change the reputation of social housing to reflect safety and inclusion.
- The issue of siloes was noted in the congregation of specific ethnic groups within particular geographic regions in Greater Vancouver. Housing service providers are limited in their ability to reach all ethnic siloes or vice versa.

QUESTION 2. WHAT ACTIONS DO WE NEED TO TAKE IN ORDER TO REMOVE BARRIERS/BUILD ON STRENGTHS?

There is a need to offer more language and translation services to immigrants.
- We need to address expectations about language and counter the idea that immigrants will be able to speak perfect English. Language can be especially challenging when you are seeking housing and need to fill out forms, speak with landlords, etc. Using translators/interpreters helps, but can present its own challenges (e.g., cost, quality of translation, etc.).
- When immigrants are learning English, there is a need not just for language education, but also for emotional support while going through the process.
- There is a lack of access to translation services when seeking housing or using housing services. It can be difficult for housing services to support immigrant older adults when there are language barriers. Some government or municipal services are available in multiple languages, but most non-profit organizations (including housing and settlement agencies) cannot afford to provide translation services at individual appointments.

We need to improve the ability of immigrants to navigate government systems.
- We need to increase system literacy (knowledge of how to navigate government systems) among immigrants. We should map out the journey of immigrant older adults and what they need to know and when. We need to provide the right information to immigrants at the right time. Topics such as housing and rights should be taught at the beginning of the immigrant journey. Certain topics (e.g., abuse) are taboo in some communities, and trust needs to be built up over time in order to discuss them.
- Immigrants from less developed countries may not be familiar with municipal services (e.g., property tax, sewage system, etc.) and sustainability/energy saving programs. There is a need for education on the services that are available and features of the home.

- It can be challenging to reach to immigrant older adults. We need to continue to connect immigrant older adults with organizations/research that provide outreach and visibility

Cultural competency education needs to be provided to service providers.

- Cultural competency and safety training is needed for service providers, workers and advocates. This is especially important to provide to people who are decision-makers.

There is a need to streamline and simplify the processes required to obtain housing.
- There is a need to streamline the application processes for affordable housing; people should not have to apply multiple times or to multiple organizations.
- There are multiple points of access to the housing market and older immigrants need support and information to determine what are legitimate and safe ways to seek housing. Older immigrants may be unaware of the dangers of using sources such as craigslist for finding housing, and some people may try and take advantage of immigrant older adults.
- Waitlists for housing can be reduced by introducing systemic checks/processes to facilitate the right clients being housed in the right place and ensure the housing is an appropriate fit (i.e., size of space is appropriate for size of family).

The stock of affordable, accessible and appropriate housing needs to be increased.
- The city should incentivize allocated and accessible designed housing for low income seniors and persons with disabilities. The government needs to set the agenda/incentives for developers to create housing supply to support these needs. We also need to partner with cultural organizations to accurately meet needs.
- Higher standards for housing management/rental owners should be promoted with tax incentives or mechanisms to rewards good management practices. Similarly, incentives or breaks can also be offered for good tenancy actions.
- Discussions are needed about the concept of affordability; units that cost $1,300 per month are not affordable but are being promoted as such.
- Adaptations should be made to zoning to reflect market and non-market options. It was suggested we return to the multi-unit residential buildings approach from the 1980s (aka MURBs). We should increase building of rental units with higher accessibility and support their promotion through tax mechanisms and land cost-sharing/cuts.
- Currently there is a provincial mandate in BC for affordable housing, we need more information from the government on their plans for this.

We need to consider innovative housing options for older adults and take steps to ensure aging in place is an option.
- We should look at outside the box solutions to support aging in place needs of older immigrants and move beyond solutions such as downsizing as the space may hold great meaning to the individual.
  - We need to break traditional molds of thought regarding housing and consider medium/low-density infrastructure and solutions to preserve community.
  - Urban planning and housing design should consider the changing health and housing needs of older populations – prioritize age-friendly and adaptable plans.
  - We need to move away from vehicle reliance, and provide realistic alternatives for community mobility.
- We should encourage older adults with larger housing options to rent or home share with other community members (e.g., students).

The unique needs of immigrant older adults and the heterogeneity of the population needs to be acknowledged when identifying housing solutions.
- We need to recognize the heterogeneity of immigrant populations and their differing needs.
- We need to clarify clients' expectations for housing, recognize that a home is more than just a structure, and recognize generational and cultural differences.

Community resources can be utilized to help mentor and educate new immigrants. Peer volunteers were highlighted as being potentially useful.
- Pre-existing community organizations/spaces should be utilized to connect with vulnerable groups (e.g., libraries providing ESL classes for older immigrants who visit the library). We should promote peer-based learning or partnerships that can lead to more naturally-occurring knowledge translation and community connections (i.e., an ESL buddy-program).
- It was suggested that immigrants who have been in the country for a long period of time could serve as cultural mentors or buddies for new immigrants. It is important to remember though we cannot just rely on volunteers; the people assisting immigrants need to be paid.
- Funding for organizations serving the housing needs of immigrants should be increased.

We need to develop new perspectives for analyzing issues involving immigrants and housing.
- We need more compassionate perspectives on the challenges faced by immigrants. Accessibility/disability lenses also need to be applied for examination of systems
- It is important to understand that you can try and learn from the experiences of others, but you will never be able to fully understand that experience unless you have lived it.

Greater collaboration is needed between housing, settlement, and other agencies serving immigrant seniors.

- We need for more intersectoral collaboration between sectors serving immigrant older adults.
- A collective impact model should be applied to find and capitalize on synergies in the housing and support sectors. Integrated planning is needed for services and housing.

THEME: TRANSPORTATION

QUESTION 1. WHAT ARE YOUR IMPRESSIONS ABOUT TRANSPORTATION IN RELATION TO IMMIGRANT OLDER ADULTS BASED ON VIEWING THIS EXHIBIT?

Transportation is an essential connector for older adults.

- Transit is essential because it is a connector and an enabler for older adults.
- Lack of transportation impacts many other aspects of one's life, such as:
  - Housing (i.e., when appropriate housing is not situated close to transit corridors)
  - Employment and volunteering (i.e., affects ability to participate)
  - Community life (i.e., affects shopping, recreation, medical appointments)
  - Relationships (i.e., affects social connections)

Transportation is closely interrelated with the themes of housing and disability.

- Transportation related to disability and housing *as a cause* (e.g., car accidents, informing decisions on where one can feasibly live) and *as a barrier* (e.g., lack of access to HandyDART).
- First and foremost, transit is a necessity – intimately tied to housing.

People need to be encouraged to use public transportation instead of driving.

- Vancouver's transit is good, and we should encourage people to use it more instead of driving. A major barrier to use is congestion: need more, better developed, designated bus lanes, and better traffic flow (perhaps priority traffic lights for busses).
- Boomers have grown up with driving, but this is not so for the immigrant population. There needs to be a cultural shift in cities away from driving, and this transition needs to be encouraged sooner rather than later.

There is a need for awareness and education on transportation options for older immigrant adults, for society, and for drivers.

- There is a need for increased awareness about transportation options, including:
    - The variety of accessible transportation models available
    - How to use transit (i.e., transit training); and
    - How to better support the older adult ridership i.e., sensitivity training for bus drivers and the overall transit ridership (e.g., courtesy seats; how to interact with people with dementia or sensory disabilities; pedestrian issues of older adults)
- Education and communications need to be available in different languages.
- Transportation information should be linked with information on housing options.

Improvements need to be made to the accessibility and safety of our transportation system. A broader range of options/service models are needed.

- Accessible transportation is needed and it needs a sustained funding model. It needs to be not just for medical appointments (i.e., HandyDART). HandyDART is not an efficient or effective service – it lacks capacity to meet demand. Other options/service models are needed.
- There is a lack of safety on the Skytrain for older adults and people with disabilities
- There are safety challenges on busses related to use of disability seating (who is entitled to this space? Older adults often have invisible disabilities and are left to fend for themselves) and limited space (older adults may be treated poorly, especially if there is a language barrier). Perhaps a solution is to have a staff member on the bus responsible for safety.
- Public transit has *functional accessibility* but not *interpersonal accessibility* (not easy to navigate if you are unfamiliar with it and/or alone).
- Vancouver needs Uber as a transportation option.

Seniors bus passes are an important way to connect older adults with services and community.

- Getting a subsidized seniors bus pass depends on income or sponsorship, therefore it is not necessarily accessible to everyone (but should be).[1]
- There is a structural lag for older adults who are transitioning to retirement/beginning to receive OAS and GIS: immigrants 65+ (excluding sponsored immigrants) get it after 10 years in Canada, at this point, the responsibility switches to the federal government for the provision of the senior bus pass, but *there is a gap period between year 9 and 10* when this

---

[1] More information on bus pass eligibility requirements in BC can be found here: https://www2.gov.bc.ca/gov/content/transportation/passenger-travel/buses-taxis-limos/bus-pass/seniors

public transit responsibility shifts where many older immigrants struggle to attain a bus pass due to application problems (process needs to be streamlined). There is a lack of integration or connection of federal, provincial, and municipal transportation services and responsibilities.

- Not having a bus pass is a barrier for immigrant older adults.

QUESTION 2. WHAT ACTIONS DO WE NEED TO TAKE IN ORDER TO REMOVE BARRIERS/BUILD ON STRENGTHS?

Lobbying and advocacy for transportation is needed at all levels of government.

- Lobbying and advocacy is needed (i.e., show the need and show the demand).
  - Who to lobby? Government (at all levels), Federal (IRCC), and Provincial (Ministry of Health, Ministry of Transportation/ICBC, BC Housing)
  - Need to show that community-based transportation services are needed. They need to be better funded. There need to be paid drivers (rather than an over-reliance on volunteers, which is not a sustainable option).

Attention needs to be given to the built environment and improving the walkability of communities.

- Walkability: One has to walk to or otherwise get to bus stops first in order to use the bus
  - Focus needs to be on connection (of people and places)
  - Engage municipalities (e.g., snow removal, leaf removal, fixing sidewalks)
  - Pedestrian safety *is* traffic safety – the two are not isolated from one another
  - Perhaps there should be enforcement at crosswalks (similar to red-light cameras)
  - The timing at some crosswalks (e.g., Broadway and Cambie) is too short, but who would one report this to?

Immigrant older adults needs to be targeted with public transportation education and awareness building initiatives.

- Education and awareness *in other languages* is needed about transit options and about bus passes. Older immigrants are more likely to take public transit, therefore we need to raise their awareness about their options and best ways to use transit in order to encourage sustained, consistent, and safe use.

Transportation planning needs to be integrated with other urban planning areas, including housing and disability planning.

- Planning housing and transportation needs to occur in tandem – will help reduce social isolation and foster connection if done effectively. Transportation/access-mobility issues need to be integrated with other existing resources vs. current 'silo' approach (i.e., build accessible, affordable housing close to transit).
    o The development of buildings and roads/pathways should occur at the same time.
    o Accessibility should not increase the cost of housing.
    o Need to integrate transportation information with home care, community services and immigration services
- We need more integrated urban planning that considers ability and disability. For example, shelters and benches at bus stops are necessary (this is a municipal rather than a Translink responsibility but that is not well known, even by people within the transportation sector). Yet washrooms should be Translink's responsibility (usually you need to buy something at a local business in order to use the washroom; having available washrooms helps planning for seniors)
- Roads need to evolve/grow as the city evolves/grows.
- Collaboration leads to solutions – making communities accessible for all ages and all modalities benefits everyone in the long run.

The silos between different sectors, levels of government and service providers need to be broken down.

- How to break down the silos? Use a seniors-led approach (i.e., community planning tables)
- Who should lead this integration?
    o E.g., Seniors Advocate (semi-independent office) – annual report on state of seniors transportation?
    o E.g., Ministry of Transportation (Q: Should there be a dedicated seniors transportation / access / mobility strategy?)
- Is there any current model that is integrating various "silos"?
    o Translink – has started working collaboratively with BC Housing Authority, Ministry of Health.
    o Allies in Aging – A collective impact pilot operating in: North Vancouver, Burnaby and South Vancouver. Some of the partners include: Community service non-profits, Neighbourhood Houses, Seniors Hubs, ICBC, Translink, HandyDART, United Way, VCH, Ministry of Transportation
    o Other organizations that should be added: Dementia-friendly communities (Alzheimer's Society), Public Safety organizations (ie., VPD/RCMP, Community Policing Centres, Transit Police), Primary Care Networks (i.e, a collective office of: family doctors, physio therapists, occupational therapists, etc.)

Improvements needs to be made to HandyDART to make it more user-friendly.

- HandyDART challenges include it not being compatible with Compass cards, lack of door-to-door support (in and out of pick-up locations and destinations), picks up too many people along the way making trips too long, and a lack of understanding about what this service provides (some people think of it like a personal taxi/Uber type thing, but it is not).
- Some suggested solutions include: using wristbands (in place of Compass cards) and more computerization of the service to track vehicles, pick-up locations, etc. (similar to Lyft/Uber)

Additional Comments

- Language barriers can cause isolation (especially when navigating transit alone)
- There is the need for subsidized transportation for older adults (i.e., free bus pass)

CONCLUDING DISCUSSION

QUESTION 1. HOW DO EACH OF THE TABLE'S THEMES AND THEIR SOLUTIONS CONNECT?

- They identified a need for more connections between agencies, specifically to allow for more information sharing mechanisms and reduced gaps in service provision.
- In addition to service sector siloes, government siloes fail to address intersections of housing, transportation, and disability.
- We need to increase connections and funding across immigrant services.
- Recognizing the interrelated nature of the topics of housing, transportation, and disability requires solutions that address all the domains in an interactive way.
- Navigators in the system are necessary to help older immigrants with access and barriers (e.g., language and cultural factors/needs).
- These individuals/groups require both systemic literacy/awareness and cultural competence in their methods.
- Navigators should be valued for their contributions and ability to reflect on and re-shape the system.
- It is important to ensure that the voices of those using the system are incorporated in fixing the system—they can help simplify and reduce complexities within the system.
- In addition, the input from older immigrants should be recognized as an asset—we should compensate participants for their valuable time and knowledge.

QUESTION 2. ARE THERE ANY GAPS IN UNDERSTANDING THAT PRECLUDE ACTION RIGHT NOW?

- Practical dialogue from service providers/navigators needs to be translated to 'Decision-makers' in government or policy.

- Understanding needs to be developed in persons in power (e.g., elected official knowledge café).

- The reality of the experience needs to be captured through reflective statistics that create impetus for political decisions/resource allocation.

- Service providers are having this ongoing conversation, however, identifying new or emergent strategies that can be applied to the local context—heterogenous communities like Vancouver—pose several challenges to trialing solutions.

- We need to locate and examine examples from other jurisdictions and look for best-practice strategies.

- We can look towards integrated health data sharing practices, such as a recent Rwandan pilot supported by the Bill and Melinda Gates Foundation.

- Cross-sectoral communication and resource sharing is inhibited by non-existent services and limited volunteer/resource capacity.

- In order to share information from research to practice to populations, plain language and accessible knowledge translation is needed, with the use of clear graphics that consider the language barriers faced by community members.

- We need to recognize the multi-dimensional and interactive barriers to accurate reporting of need (difficult to reach populations).

- The Lower Mainland context represents a unique and diverse setting in comparison to the rest of Canada, and federal supports (i.e., funding) fail to recognize the unique needs of different provinces and communities.

- Service providers need to build in a 'defiance of status quo' thought pattern—consider the needs of the service population and target their specific forms of consumed media (consider literacy and feasibility of using radio or newspaper/magazine publications relied on by specific ethnic groups or generations).

- Collaboration is needed with population/public health, public servants, and community organizations to address and reduce stigma surrounding social housing options in Greater Vancouver

QUESTION 3. WHO NEEDS TO TAKE RESPONSIBILITY FOR WHICH ACTIONS?

- Funders' responsibility is to discontinue temporary or limited funding options and stop viewing these topics as 'minority' problems.

- Individuals' responsibility is to share our knowledge and experience.

- "One hand does not clap, it takes two hands to clap".

- Societal issues and inherent ageism contribute to the failure to prioritize these issues. There is an overreliance on volunteers to solve large scale macro concerns.

- Budgetary siloes exist in population and public health—it is difficult to determine who has the best infrastructure to fund interlocking disability, housing, and transportation needs

- Cross-sectoral responsibility is to engage in dialogue with government through consultative methods.